

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

320 FIRST STREET SE

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00075820

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Electronically Filed by Keith A. Davis

Date

09

09

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25. Schedule F expenditures for this reporting period have been reviewed and are reported correctly. The Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms that no further itemization is required under any Commission regulations for these expenditures.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M M  
0 6D D  
0 1Y Y Y Y  
2 0 1 1

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 1

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>Y Y Y Y<br/>2011</span>   |                         | 2538301.71                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 10647154.83             |                                   |
| (c) Total Receipts (from Line 19) .....  | 6679930.13              | 33498914.50                       |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 17327084.96             | 36037216.21                       |
| 7. Total Disbursements (from Line 31) .....  | 6341207.44              | 25051338.69                       |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 10985877.52             | 10985877.52                       |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 3500000.00              |                                   |



This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 6 | 0 | 1 | 2 | 0 | 1 | 1 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 1 | 1 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees<br>(i) Itemized (use Schedule A) .....            | 1611541.95                    | 11116411.23                       |
| (ii) Unitemized .....  | 924906.88                     | 8542889.31                        |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii) .....  | 2536448.83                    | 19659300.54                       |
| (b) Political Party Committees .....   | 1000.00                       | 1000.00                           |
| (c) Other Political Committees<br>(such as PACs) .....   | 2308325.00                    | 9358894.94                        |
| (d) Total Contributions (add Lines<br>11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 33, page 5) .....     | 4845773.83                    | 29019195.48                       |
| 12. Transfers From Affiliated/Other<br>Party Committees .....  | 1834156.30                    | 4092568.22                        |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5) ..... | 0.00                          | 283500.80                         |
| 16. Refunds of Contributions Made<br>to Federal candidates and Other<br>Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.) .....  | 0.00                          | 103650.00                         |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account<br>(from Schedule H3) .....  | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d),<br>12, 13, 14, 15, 16, 17, and 18(c)) .....                             | 6679930.13                    | 33498914.50                       |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19) .....                                       | 6679930.13                    | 33498914.50                       |

| II. DISBURSEMENTS  |            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |            |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |            |                               |                                   |
| (i) Federal Share.....   | 0.00       | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00       | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 2804180.66 | 17252592.92                   |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 2804180.66 | 17252592.92                   |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00       | 53600.00                      |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 10000.00   | 10000.00                      |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00       | 424678.62                     |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 3268.79    | 6558.13                       |                                   |
| 26. Loan Repayments Made.....  | 3500000.00 | 7000000.00                    |                                   |
| 27. Loans Made.....  | 0.00       | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00       | 55910.59                      |                                   |
| (b) Political Party Committees .....   | 0.00       | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 15000.00   | 35000.00                      |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 15000.00   | 90910.59                      |                                   |
| 29. Other Disbursements.....   | 8757.99    | 212998.43                     |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |            |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |            |                               |                                   |
| (i) Federal Share .....  | 0.00       | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00       | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00       | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00       | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 6341207.44 | 25051338.69                   |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6341207.44 | 25051338.69                   |                                   |

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 4845773.83                    | 29019195.48                       |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 15000.00                      | 90910.59                          |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 4830773.83                    | 28928284.89                       |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 2804180.66                    | 17252592.92                       |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 283500.80                         |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 2804180.66                    | 16969092.12                       |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. ABBOTT

Mailing Address 91-1026 HOOMALIE ST

City

EWA BEACH

State

HI

Zip Code

96706-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF THE NAVY

Occupation

US GOV EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14280941

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH ABRAWOWITZ

Mailing Address 411 HARBOR ROAD

City

SOUTHPORT

State

CT

Zip Code

06890-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NGN CAPITAL

Occupation

ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287758

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY ABRAMS

Mailing Address 935 AMERICAN ST

City

SAN CARLOS

State

CA

Zip Code

94070-5301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANUFACTURERS OUTLET

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289456

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT M. ABRAMS

Mailing Address 702 E 3RD. ST.

City

PAPILLION

State

NE

Zip Code

68046-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261735

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANNY J. ADAIR

Mailing Address 483 PRIVATE RD. 3450

City

PARADISE

State

TX

Zip Code

76073-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258383

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. ADAMOWICZ

Mailing Address 223 W WASHINGTON BLVD

City

LOMBARD

State

IL

Zip Code

60148-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270595

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BROCK ADAMS

Mailing Address 2716 STATE ROUTE 637

City

GROVER HILL

State

OH

Zip Code

45849-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMA MATERIAL SUPPLY INC.

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272742

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GARY ADAMS

Mailing Address 3420-H W. MACARTHUR BLVD

City

SANTA ANA

State

CA

Zip Code

92704-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266431

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KEN ADAMS

Mailing Address 304 SPRING RD.

City

FITZGERALD

State

GA

Zip Code

31750-7771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VENEER PRODUCTS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288867

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LESTER D. ADAMS

Mailing Address 4915 33RD AVE CT E

City

TACOMA

State

WA

Zip Code

98443-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263605

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY U. ADAMS

Mailing Address 5708 MAGGIE RUN LN

City

FUQUAY VARINA

State

NC

Zip Code

27526-7346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283706

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KARL P. ADLER

Mailing Address 1011 1ST AVE # 2002

City

NEW YORK

State

NY

Zip Code

10022-4112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK MEDICAL COLLEGEOccupation  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287768

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

630.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City

TARZANA

State

CA

Zip Code

91356-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & M MANAGEMENT LLC

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290945

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ZAFER A. AKIN

Mailing Address 136 HOPE AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10305-3050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKIN LAW GROUP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292440

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ARLINE L. AKINA

Mailing Address 99-024 LOHEA PL.

City

AIEA

State

HI

Zip Code

96701-3096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288086

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES ALBERS

Mailing Address 340 S. PALM AVE.

City

SARASOTA

State

FL

Zip Code

34236-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292191

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CARMEL M. ALDERSON

Mailing Address 7510 MAISONS CT

City

INDIANAPOLIS

State

IN

Zip Code

46278-1582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266715

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRED ALDRIDGE

Mailing Address 800

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292333

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CDR ALEXANDER

Mailing Address 3262 TIGERTAIL DRIVE

City

LOS ALAMITOS

State

CA

Zip Code

90720-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CDR ALEXANDER

Mailing Address 3262 TIGERTAIL DRIVE

City

LOS ALAMITOS

State

CA

Zip Code

90720-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285702

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANDRIA ALLEN

Mailing Address P.O. BOX 73

City

S LANCASTER

State

MA

Zip Code

01561-0073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYPRO, INC

Occupation  
LABORER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268398

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANDRIA ALLEN

Mailing Address P.O. BOX 73

City

S LANCASTER

State

MA

Zip Code

01561-0073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYPRO, INC

Occupation  
LABORER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285912

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. B. ALLEN

Mailing Address 34117 HERE FORD RD

City

NEWBERRY SPRINGS

State

CA

Zip Code

92365-9351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265631

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EUGENE H. ALLEN

Mailing Address P.O. BOX 132

City

OAK RIDGE

State

LA

Zip Code

71264-0132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANK OF OAK RIDGE

Occupation  
BANK MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288364

Amount of Each Receipt this Period

29.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

229.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. ALLEN

Mailing Address 137 OAK RIDGE LN

City

WINCHESTER

State

VA

Zip Code

22602-7813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

HOTEL/RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283817

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TERRY W. ALLEN

Mailing Address 1577 COUNTY LINE ROAD

City

SHELBYVILLE

State

TN

Zip Code

37160-8028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265012

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY ALLINDER

Mailing Address PO BOX 1178

City

WILLMAR

State

MN

Zip Code

56201-1178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258285

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2660.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PATRICK ALLKINS

Mailing Address 5207 PORTAGE RD.

City

PORTAGE

State

MI

Zip Code

49002-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTSTAFF

Occupation

EMPLOYMENT SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263886

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT N. ALMON, SR.

Mailing Address 723 CANYON RD N

City

TUSCALOOSA

State

AL

Zip Code

35406-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALMON ASSOCIATES INC

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281186

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. ALT

Mailing Address 278 HICKORY ST

City

SPARTA

State

MI

Zip Code

49345-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPARTA FRUIT STORAGE INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275538

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMY AMARI

Mailing Address 11289 N. 109TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85259-6933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266950

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NATALIE M. AMBROSE

Mailing Address 20 OUTERBRIDGE CIRCLE

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14281854

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MILA AMBRUS

Mailing Address 6325 VIA DEL PLZ

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-6585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277406

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEORA AMDUR

Mailing Address 31 DARBY DRIVE

City

HUNTINGTON STATION

State

NY

Zip Code

11746-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST BRADFORD CORP

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290862

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP R. AMES

Mailing Address 6001 E WALNUT ST

City

EVANSVILLE

State

IN

Zip Code

47715-7439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEABODY ENERGY

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264582

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RENEE J. AMOORE

Mailing Address 521 PRINCETON DRIVE

City

KING OF PRUSSIA

State

PA

Zip Code

19406-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE AMOORE GROUP

Occupation  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287742

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TED E. AMSBAUGH

Mailing Address 1302 24TH ST W #329

City

BILLINGS

State

MT

Zip Code

59102-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283359

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TED E. AMSBAUGH

Mailing Address 1302 24TH ST W #329

City

BILLINGS

State

MT

Zip Code

59102-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293596

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CONSTANTINE ANAGNOSTOPOULOS

Mailing Address 3014 31ST AVE

City

ASTORIA

State

NY

Zip Code

11106-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263710

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OZAN EKMELE ANDA

Mailing Address 879 MARIPOSA COURT

City

MORGANVILLE

State

NJ

Zip Code

07751-1760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIQUE SETTINGS OF NEW YORK

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297525

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. AGNES V. ANDERSON

Mailing Address 890 WIXFORD WAY

City

SACRAMENTO

State

CA

Zip Code

95864-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293200

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS J. ANDERSEN

Mailing Address 3512 FENCELINE ROAD

City

FRANKSVILLE

State

WI

Zip Code

53126-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WHEATON FRANCIZAN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14262099

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DENNIS J. ANDERSEN

Mailing Address 3512 FENCELINE ROAD

City

FRANKSVILLE

State

WI

Zip Code

53126-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHEATON FRANCIZAN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272236

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JUANITA L. ANDERSON

Mailing Address 2011 TRIPPE STREET

City

RICHLAND

State

WA

Zip Code

99354-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284165

Amount of Each Receipt this Period

55.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

HON. LEONARD W. ANDERSON

Mailing Address HC 76 BOX 6

City

HINTON

State

WV

Zip Code

25951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291777

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MIKE ANDERSON

Mailing Address 1080 SE M ST

City

GRANTS PASS

State

OR

Zip Code

97526-3935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OREGON SWISS PRECISION

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258369

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL J. ANDERTON

Mailing Address 25307 PINEY BEND CT

City

SPRING

State

TX

Zip Code

77389-3583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275495

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MGY SGT. ROBERT ANDERSON

Mailing Address 2040 HILLMAN CIRCLE

City

ORANGE

State

CA

Zip Code

92867-1817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277900

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MGY SGT. ROBERT ANDERSON

Mailing Address 2040 HILLMAN CIRCLE

City

ORANGE

State

CA

Zip Code

92867-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292579

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHARRON E. ANDERSON

Mailing Address 3200 N OCEAN BLVD. APT. 802

City

FT LAUDERDALE

State

FL

Zip Code

33308-7199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269718

Amount of Each Receipt this Period

510.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT G. ANDING

Mailing Address 50 MOTT CAVE

City

HOUSTON

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292512

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. RUTH S. ANDRASCO

Mailing Address 2410 KEGWOOD LANE

City

BOWIE

State

MD

Zip Code

20715-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR. RONALD SROKA

Occupation

MEDICAL RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288976

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRIS D. ANDREWS

Mailing Address 1105 CHADBOURNE AVE NW

City

CONCORD

State

NC

Zip Code

28027-7871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WORLD ELASTIC CORP.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258325

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. ANGELAKIS

Mailing Address 1250 LAFAYETTE ROAD

City

GLADWYNE

State

PA

Zip Code

19035-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMCAST

Occupation

C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287731

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD L. ANGLEMYER

Mailing Address 3009 W. COLUMBINE DR.

City

PHOENIX

State

AZ

Zip Code

85029-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271572

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. REVERGE C. ANSELMO

Mailing Address 28740 INWOOD ROAD

City

SHINGLETOWN

State

CA

Zip Code

96088-9688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264284

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SADI R. ANTONMATTEI GOITIA

Mailing Address 405 ESERALDA AVE  
STE. 102 PMB 368

City

GUAYNABO

State

PR

Zip Code

00969-4466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273501

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1830.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICARDO L. APONTE-PARSI

Mailing Address PO BOX 195630

City

SAN JUAN

State

PR

Zip Code

00919-5630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273507

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CRISTINA ARDILA

Mailing Address 424 VERMONT

City

MCALLEN

State

TX

Zip Code

78503-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LA ABUELA MEXICAN FOODS,  
INC.Occupation  
BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292234

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RENEE AREJON

Mailing Address 9590 CHESAPEAKE DR STE 103

City

SAN DIEGO

State

CA

Zip Code

92123-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RENE'S OF LA JOLLAOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288485

Amount of Each Receipt this Period

350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. AREND

Mailing Address 1887 E. 71ST

City

TULSA

State

OK

Zip Code

74136-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTER CHEM

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14291935

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANCISCO ARGOMANIZ

Mailing Address PO BOX 363592

City

SAN JUAN

State

PR

Zip Code

00936-3592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FJ ARGOMANIZ INSURANCE /  
BUPA

Occupation  
INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273503

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCISCO ARGOMANIZ

Mailing Address PO BOX 363592

City

SAN JUAN

State

PR

Zip Code

00936-3592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FJ ARGOMANIZ INSURANCE /  
BUPA

Occupation  
INSURANCE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292023

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FRANK ARLINGHAUS, M.D.

Mailing Address 655 SHREWSBURY AVE

City

SHREWSBURY

State

NJ

Zip Code

07702-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288642

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DAVID J. ARMOR

Mailing Address 17246 PEPPERSTOCK LN

City

JEFFERSONTON

State

VA

Zip Code

22724-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE MASON UNIV.

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280734

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOYLE L. ARNOLD

Mailing Address 1439 PERRYS HOLLOW DR.

City

SALT LAKE CITY

State

UT

Zip Code

84103-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZIONS BANCORPORATION

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282611

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY ARNOLD

Mailing Address 9800 NORIEGA DR.

City

PENSACOLA

State

FL

Zip Code

32514-8100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260737

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. ASBURY

Mailing Address 2600 HIGHLAND AVENUE  
#806

City

BIRMINGHAM

State

AL

Zip Code

35205-1765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGIONS FINANCIAL

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292423

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFF E. ASHEY

Mailing Address PO BOX 377

City

BREWER

State

ME

Zip Code

04412-0377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFF'S CATERING INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280543

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY M. ASHMORE

Mailing Address 216 PEPPERTREE CROSSING AVE

City

BRUNSWICK

State

GA

Zip Code

31525-0548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288200

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SELMA M. ASPINWALL

Mailing Address 700 ORIOLE DR APT 126A

City

VIRGINIA BEACH

State

VA

Zip Code

23451-4943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286563

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RON W. ATCHLEY

Mailing Address 1828 OAKS WAY

City

OKLAHOMA CITY

State

OK

Zip Code

73131-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279050

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

235.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NEIL AUERBACH

Mailing Address 15 LANGERIES DRIVE

City

MONSEY

State

NY

Zip Code

10952-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUDSON CLEAN ENERGY PARTN-  
ERS

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297518

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. AVERY

Mailing Address 417 GWYNEDD VALLEY ROAD

City

GWYNEDD VALLEY

State

PA

Zip Code

19437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286817

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TURAN AYAZ

Mailing Address 319 REYNOLDS

City

PARSIPPANY

State

NJ

Zip Code

07054-3332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292435

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

33800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HALIL I. AYDIN

Mailing Address 2365 E 14TH STREET  
2ND FLOOR

City State Zip Code  
BROOKLYN NY 11229-4307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292433

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HARDAM S. AZAD

Mailing Address 701 N. POST OAK ROAD  
SUITE 515

City State Zip Code  
HOUSTON TX 77024-3970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COM. REALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263210

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LOREN E. BAGLEY

Mailing Address 210 2ND ST STE 2

City State Zip Code  
SAINT MARYS WV 26170-1097

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14291953

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MELVIN C. BAHLE

Mailing Address 205 S WOODS MILL RD

City

CHESTERFIELD

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264273

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MELVIN C. BAHLE

Mailing Address 205 S WOODS MILL RD

City

CHESTERFIELD

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292518

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. BAHNE

Mailing Address 6649 S HELENA ST

City

CENTENNIAL

State

CO

Zip Code

80016-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278311

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDMUND BAILEY

Mailing Address 12905 FETLAR WAY

City

BRISTOW

State

VA

Zip Code

20136-2567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEC

Occupation

ACCOUNTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285474

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANE L. BAINUM

Mailing Address 5630 WISCONSIN AVE APT. 501

City

CHEVY CHASE

State

MD

Zip Code

20815-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284856

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City

CARLSBAD

State

CA

Zip Code

92010-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268119

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BUD BAKER

Mailing Address 100 N COLLIER BLVD

City

MARCO ISLAND

State

FL

Zip Code

34145-3710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264281

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROL BAKER

Mailing Address 30573 E SUNSET DR S

City

REDLANDS

State

CA

Zip Code

92373-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277295

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL BAKER

Mailing Address 30573 E SUNSET DR S

City

REDLANDS

State

CA

Zip Code

92373-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293303

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

H. FURLONG BALDWIN

Mailing Address PO BOX 547

City

CHERITON

State

VA

Zip Code

23316-0547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297526

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERRY H. BALLENGEE

Mailing Address 2731 WYCLIFFE AVE SW

City

ROANOKE

State

VA

Zip Code

24014-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289630

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOYCE M. BALZARANO

Mailing Address 104 HECKER AVE

City

DARIEN

State

CT

Zip Code

06820-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274179

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5070.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOYCE M. BALZARANO

Mailing Address 104 HECKER AVE

City

DARIEN

State

CT

Zip Code

06820-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274444

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN L. BANKS

Mailing Address 9 SAGEBRUSH TRL

City

ARTESIA

State

NM

Zip Code

88210-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266368

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN L. BANKS

Mailing Address 9 SAGEBRUSH TRL

City

ARTESIA

State

NM

Zip Code

88210-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266720

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL J. BARBER

Mailing Address 1172 CAVE SPRINGS TRL

City

LAS CRUCES

State

NM

Zip Code

88011-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279203

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID E. BARENSFELD

Mailing Address P.O. BOX 889

City

ELLWOOD CITY

State

PA

Zip Code

16117-0889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELLWOOD GROUP, INC.

Occupation  
PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297511

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY BARGER

Mailing Address 301 CHELSEA RD

City

MONTICELLO

State

MN

Zip Code

55362-8430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUBURBAN MANUFACTURING IN-  
C.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280547

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICK BARKER

Mailing Address 2194 HWY. A1A STE. 208

City

INDIAN HARBOUR BEA

State

FL

Zip Code

32937-4931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REX, REFRIGERATED EXPRESS

Occupation

FISH TRUCKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286082

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS BARNES

Mailing Address 6131 S. 57TH

City

LINCOLN

State

NE

Zip Code

68516-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277848

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGARET A. BARNES

Mailing Address 2260 BENT CREEK DR.

City

JACKSON

State

MO

Zip Code

63755-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261729

Amount of Each Receipt this Period

245.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRYAN D. BARNY

Mailing Address 2619 KNOLLBROOK LN

City  
SPRING

State  
TX

Zip Code  
77373-9130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXXONMOBIL REFINERY & SUP-  
PLY

Occupation  
MAINTENANCE PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287797

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD A. BARR

Mailing Address 40931 MARBLE CT

City  
PALMDALE

State  
CA

Zip Code  
93551-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275492

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT F. BARR

Mailing Address P.O. BOX 355

City  
SAN MIGUEL

State  
NM

Zip Code  
88058-0355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SILVER CITY POLICE DEPT

Occupation  
DRUG ENFORCEMENT COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262483

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. BARROWS

Mailing Address 310 CORTLAND WAY

City

ROSWELL

State

GA

Zip Code

30076-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265221

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. SYLVAN BARTLETT

Mailing Address 3000 INDEPENDENCE SQ

City

WEST PLAINS

State

MO

Zip Code

65775-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OZARKS MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273080

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY BARTOLOMEO

Mailing Address 7 MANSOOR COURT

City

SEWELL

State

NJ

Zip Code

08080-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286828

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JERRY E. BATES

Mailing Address 21739 LONKEY LN

City

CALDWELL

State

ID

Zip Code

83607-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278303

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN BAUMRIND

Mailing Address 201 CHITON STREET

City

BROOKLYN

State

NY

Zip Code

11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
LANDLORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287765

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL C. BAYERLEIN

Mailing Address 1810 WEDGEWOOD DRIVE E

City

ELM GROVE

State

WI

Zip Code

53122-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COVENT HEALTH CARE INC.

Occupation  
RECEPTIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286534

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DALE BEASLEY

Mailing Address 5388 ROGERSVILLE LN

City

CREAL SPRINGS

State

IL

Zip Code

62922-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291674

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA D. BECKER

Mailing Address 8551 W YZ AVE

City

SCHOOLCRAFT

State

MI

Zip Code

49087-8738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283662

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUSAN BECRAFT

Mailing Address 208 HOODRIDGE DR

City

PITTSBURGH

State

PA

Zip Code

15234-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280545

Amount of Each Receipt this Period

155.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. BEER

Mailing Address 701 8TH STREET NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20001-3965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILLIAMS AND JENSEN

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270367

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH G. BELECHAK

Mailing Address 402 HONEY LOCUST DRIVE

City State Zip Code  
CRANBERRY TOWNSHIP PA 16066-3764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292421

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RITA BELL

Mailing Address 2124 E 60TH STREET

City State Zip Code  
TULSA OK 74105-7015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269588

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RITA BELL

Mailing Address 2124 E 60TH STREET

City

TULSA

State

OK

Zip Code

74105-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269754

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN BENNETT

Mailing Address 51170 W ALTHEA AVE

City

FIREBAUGH

State

CA

Zip Code

93622-9533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288008

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. BENNETT

Mailing Address P.O. BOX 9313

City

AMARILLO

State

TX

Zip Code

79105-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SATANA CORPORATION

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264159

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

415.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SALLY F. BENTLEY

Mailing Address 2431 NW GRAND CIR.

City

OKLAHOMA CITY

State

OK

Zip Code

73116-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268591

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET BENYA

Mailing Address 7046 KESTER AVE  
APARTMENT 126

City

VAN NUYS

State

CA

Zip Code

91405-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260815

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET BENYA

Mailing Address 7046 KESTER AVE  
APARTMENT 126

City

VAN NUYS

State

CA

Zip Code

91405-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268241

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET BENYA

Mailing Address 7046 KESTER AVE  
APARTMENT 126City State Zip Code  
VAN NUYS CA 91405-3500FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268314

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET BENYA

Mailing Address 7046 KESTER AVE  
APARTMENT 126City State Zip Code  
VAN NUYS CA 91405-3500FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

265.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285784

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT A. BERENS

Mailing Address 33555 SD HWY. 44

City State Zip Code  
GREGORY SD 57533-4019FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265907

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

70.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT A. BERENS

Mailing Address 33555 SD HWY. 44

City

GREGORY

State

SD

Zip Code

57533-4019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285732

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY B. BERGEY

Mailing Address 462 HARLEYSVILLE PIKE

City

FRANCONIA

State

PA

Zip Code

18924-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERGEYS INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUSINESS AUTO SALES

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290162

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERARD A. BERNARD

Mailing Address 17111 GULF PINE CIRCLE

City

WELLINGTON

State

FL

Zip Code

33414-6354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275644

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2650.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD BERRY

Mailing Address P.O. BOX 303125

City

ST THOMAS

State

VI

Zip Code

00803-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BELLOWS INTERNATIONAL

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292437

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH J. BIALKIN

Mailing Address 211 CENTRAL PARK W

City

NEW YORK

State

NY

Zip Code

10024-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SKADDEN, ARPS, MEAGHER &  
FLOM, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292462

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN K. BINSWANGER

Mailing Address TWO LOGAN SQUARE

City

PHILADELPHIA

State

PA

Zip Code

19103-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286829

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MELVIN L. BIRD

Mailing Address 807 N MAIN ST

City

WICHITA

State

KS

Zip Code

67203-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267183

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD J. BISCHOFF

Mailing Address 1004 HARRISON AVE

City

HARRISON

State

OH

Zip Code

45030-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BISCHOFF REALTY

Occupation  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279060

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GUY E. BISHOP, JR.

Mailing Address 4468 DRUM CASTLE COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23455-6136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271983

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STUART BISHOP

Mailing Address 103 GIVERNY PL

City

LAFAYETTE

State

LA

Zip Code

70508-7017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274369

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. BISSETT, JR.

Mailing Address 14211 MARIE CT

City

PRINCETON JUNCTION

State

NJ

Zip Code

08550-5362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
URS

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275410

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ASTRID BLACK

Mailing Address 1441 SHAWN DR.

City

BATON ROUGE

State

LA

Zip Code

70806-7745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290664

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LINDSEY C. BLACKWELL

Mailing Address 2433 LYNNHAVEN COURT

City

ASHLAND

State

KY

Zip Code

41101-6363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292696

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. M. T. BLACKMON

Mailing Address 170 AN COUNTY ROAD 145

City

PALESTINE

State

TX

Zip Code

75801-6326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14263993

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. M. T. BLACKMON

Mailing Address 170 AN COUNTY ROAD 145

City

PALESTINE

State

TX

Zip Code

75801-6326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285724

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MORTON C. BLACKWELL

Mailing Address 3128 17TH STREET N.

City

ARLINGTON

State

VA

Zip Code

22201-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEADERSHIP INSTITUTE

Occupation

FOUNDATION PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292465

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT J. BLACK

Mailing Address 550 BRICKYARD RD

City

DANVILLE

State

IL

Zip Code

61832-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287599

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOROTHY R. BLAIR

Mailing Address 19 TULIP TREE DR

City

CHAMPAIGN

State

IL

Zip Code

61820-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285483

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD BLAND

Mailing Address 306 6TH AVE

City

SAN MATEO

State

CA

Zip Code

94401-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291730

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. BLEAKLEY

Mailing Address 68 LE MANS CT

City

SHAWNEE MISSION

State

KS

Zip Code

66208-5232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

REAL ESTATE DEVELOPER

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275466

Amount of Each Receipt this Period

230.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARVIN BLECKER

Mailing Address 12824 SILVER ACACIA PL

City

SAN DIEGO

State

CA

Zip Code

92130-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUALCOMM INCORPORATED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292486

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GLORIA L. BLOCK

Mailing Address 71 LE MANS CT

City

PRAIRIE VILLAGE

State

KS

Zip Code

66208-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLOCK REAL ESTATE

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260577

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265708

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277022

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285692

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DOLORES A. BLUMHORST

Mailing Address 1404 REYNOLDS RD

City

MARSHALL

State

MO

Zip Code

65340-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291409

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD DUANE BOBECK

Mailing Address 5124 CARDEN BEACH

City

CHRISTIANSTED

State

VI

Zip Code

00820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEAM CONSULTANTS

Occupation

REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279187

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RUTH E. BODIN

Mailing Address 1801 GERVAIS AVE APT 108

City

SAINT PAUL

State

MN

Zip Code

55109-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272110

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ERVIN BOGER

Mailing Address 607 MORGAN LANE

City

ENTERPRISE

State

AL

Zip Code

36330-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261815

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LEON BOGNER

Mailing Address 2900 N ROTARY TER.

City

PITTSBURG

State

KS

Zip Code

66762-2795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACE FORMS OF KANSAS INC.

Occupation  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269278

Amount of Each Receipt this Period

310.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GLORIA BOHAN

Mailing Address 1129 CREST LANE

City

MCLEAN

State

VA

Zip Code

22101-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMEGA WORLD TRAVEL

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283890

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOHN BOLL

Mailing Address 930 LAKE SHORE ROAD

City

GROSSE POINTE SHOR

State

MI

Zip Code

48236-1267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277012

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAN J. BOLLINGER

Mailing Address 5152 PICCADILLY CIR

City

WESTMINSTER

State

CA

Zip Code

92683-4837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266736

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. BONYA

Mailing Address 134 S 6TH ST

City

INDIANA

State

PA

Zip Code

15701-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14261297

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DENIS J. BOOTENHOFF

Mailing Address 2000 ARBOR VALLEY DR

City

EDMOND

State

OK

Zip Code

73025-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258384

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN M. BORCHERS

Mailing Address 6600 S. GATOR CREEK BLVD.

City

SARASOTA

State

FL

Zip Code

34241-9721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENTLE DENTAL INC.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263395

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOHN M. BORCHERS

Mailing Address 6600 S. GATOR CREEK BLVD.

City

SARASOTA

State

FL

Zip Code

34241-9721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENTLE DENTAL INC.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271767

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARDEN L. BOREN

Mailing Address 1525 FERGUS FALLS

City

CLAREMONT

State

CA

Zip Code

91711-8315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACIFIC NATIONAL GROUP

Occupation

OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286904

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENIS A. BOVIN

Mailing Address 525 PARK AVE.  
PENTHOUSE A

City

NEW YORK

State

NY

Zip Code

10065-8141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287785

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES R. BOYD

Mailing Address 2037 LAKESIDE DR.

City

LEXINGTON

State

KY

Zip Code

40502-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282562

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JACK BRACH

Mailing Address 11 LAWSON LANE

City

LAWRENCE

State

NY

Zip Code

11559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290741

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CORNELIUS BRADLEY

Mailing Address 25735 274TH ST

City

LA MOTTE

State

IA

Zip Code

52054-9587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277561

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CORNELIUS BRADLEY

Mailing Address 25735 274TH ST

City

LA MOTTE

State

IA

Zip Code

52054-9587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288970

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BILL D. BRADY

Mailing Address 25 PROMENTORY BRIDGE DRIVE

City

LAS VEGAS

State

NV

Zip Code

89135-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRADY INDUSTRIES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267704

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS BRADY

Mailing Address 3535 S MOORING WAY

City

MIAMI

State

FL

Zip Code

33133-6519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LSN PARTNERS, LLC

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283884

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15060.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LILITH M. BRAINARD

Mailing Address 2125 MARY ELLEN ST

City

PAMPA

State

TX

Zip Code

79065-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RANCHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284163

Amount of Each Receipt this Period

675.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEVIN BRANDT

Mailing Address 5007 CHANDLER'S WHARF #201-201

City

CHRISTIANSTED

State

VI

Zip Code

00820-4670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAMES RIVER CAPITAL CORPO-  
RATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283834

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ETHEL P. BRANNOCK

Mailing Address 435 SW FAIRWAY LK

City

PORT SAINT LUCIE

State

FL

Zip Code

34986-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260788

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3195.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ETHEL P. BRANNOCK

Mailing Address 435 SW FAIRWAY LK

City

PORT SAINT LUCIE

State

FL

Zip Code

34986-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282967

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ETHEL P. BRANNOCK

Mailing Address 435 SW FAIRWAY LK

City

PORT SAINT LUCIE

State

FL

Zip Code

34986-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285691

Amount of Each Receipt this Period

13.50

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. BREAUX, SR.

Mailing Address P.O. BOX 10909

City

JEANERETTE

State

LA

Zip Code

70544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279085

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

203.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WOOD A. BREAZEALE, JR.

Mailing Address 111 WHITECOMB ROAD

City

LAFAYETTE

State

LA

Zip Code

70503-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286157

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE BRETT

Mailing Address 185 CHARLES E JORDAN RD.

City

CAPE ELIZ

State

ME

Zip Code

04107-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286070

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. BRICKLEY

Mailing Address 60 BARSTOW AVE

City

NORWELL

State

MA

Zip Code

02061-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIDELITY INVESTMENTS

Occupation  
FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269573

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. BRINKMAN, JR.

Mailing Address 4853 S ORANGE AVE  
STE A

City State Zip Code  
ORLANDO FL 32806-6961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285475

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA BRISH

Mailing Address 19 LAKEVIEW DR

City State Zip Code  
MARQUETTE MI 49855-5228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274453

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HELEN BROGLEY

Mailing Address 9197 IL ROUTE 84 N

City State Zip Code  
GALENA IL 61036-9650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291849

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOB R. BROOKS, JR.

Mailing Address 1107 NORTH PITT STREET  
UNIT 2C

City State Zip Code  
ALEXANDRIA VA 22314-1462

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALPINE GROUP

Occupation  
GOVERNMENT RELATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283816

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HARRIET B. BROOKS

Mailing Address 329 S ADELIA ST

City State Zip Code  
SPRINGFIELD IL 62704-1629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269385

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN BROOKS

Mailing Address 795 TRADEMARK DR.

City State Zip Code  
RENO NV 89521-5920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282250

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL F. BROPHY

Mailing Address 680 NORTH LAKE SHORE DRIVE #1524

City

CHICAGO

State

IL

Zip Code

60611-3478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROPHY COMMODITIES

Occupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263950

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFERSON W. BROUGHER

Mailing Address 2960 N MERIDIAN ST

City

INDIANAPOLIS

State

IN

Zip Code

46208-4715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL MEDICAL GRO-  
UP

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275475

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. J. BROUSSARD

Mailing Address 604 N ACADIA RD  
STE 101

City

THIBODAU

State

LA

Zip Code

70301-4897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263703

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN G. BROWN

Mailing Address 132 LITTLE CRK DR

City

CRAWFORDVILLE

State

FL

Zip Code

32327-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14313643

Amount of Each Receipt this Period

-205.00

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)

FLORENCE MACKENZIE BROWN

Mailing Address 428 BRIDGETOWN CT.

City

SATELLITE BEACH

State

FL

Zip Code

32937-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286079

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARLAN L. BROWN

Mailing Address 100662 COUNTY ROAD 16

City

MITCHELL

State

NE

Zip Code

69357-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281845

Amount of Each Receipt this Period

85.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA E. BROWN

Mailing Address 107 SUN VALLEY DR

City

VICTORIA

State

TX

Zip Code

77904-9621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265021

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City

FORT WORTH

State

TX

Zip Code

76118-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPELLAR INC

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258703

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City

FORT WORTH

State

TX

Zip Code

76118-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPELLAR INC

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292348

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAY V. BROWN

Mailing Address 31933 MOCKINGBIRD ROAD

City

CALIFORNIA

State

MO

Zip Code

65018-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270831

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WAYNE F. BROWN, II

Mailing Address 1174 OAKMONT LN

City

PROVO

State

UT

Zip Code

84604-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263699

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OWEN L. BROYLES

Mailing Address 1723 W. LAKEWOOD DRIVE

City

GUTHRIE

State

OK

Zip Code

73044-7793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOVON ENERGY

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288082

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS BRUDER, JR.

Mailing Address 600 REED RD.

City

BROOMALL

State

PA

Zip Code

19008-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269636

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID D. BRUEGGEN

Mailing Address 227 W WINTHROP AVE

City

ELMHURST

State

IL

Zip Code

60126-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258349

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RUDOLPH D. BRUJN

Mailing Address 11348 CANDOR ST

City

CERRITOS

State

CA

Zip Code

90703-6524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268299

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN V. BRUNOFF

Mailing Address 334 W CEDAR ST.

City

NEW HOLLAND

State

PA

Zip Code

17557-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265107

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN V. BRUNOFF

Mailing Address 334 W CEDAR ST.

City

NEW HOLLAND

State

PA

Zip Code

17557-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282745

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN V. BRUNOFF

Mailing Address 334 W CEDAR ST.

City

NEW HOLLAND

State

PA

Zip Code

17557-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287942

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ANTHONY W. BRYANT

Mailing Address 108 N BARSTOW ST.

City

WAUKESHA

State

WI

Zip Code

53186-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTURY FENCE CO.

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286606

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MAGALEN BRYANT

Mailing Address BRANE-STROM LLC

City

MIDDLEBURG

State

VA

Zip Code

20118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281357

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ROXIE A. BRYANT

Mailing Address 507 ST CHARLES DRIVE

City

ARLINGTON

State

TX

Zip Code

76013-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290474

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. JACK P. BUCHANAN, JR.

Mailing Address 2112 21ST ST

City State Zip Code  
COLUMBUS GA 31906-1428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288689

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CARL M. BUCHHOLZ

Mailing Address 6262 HENRY LANE

City State Zip Code  
FLOURTOWN PA 19031-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLANK ROME LLP

Occupation  
EXECUTIVE PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286813

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT R. BUCKLEY

Mailing Address 3401 MOORE STREET

City State Zip Code  
PHILADELPHIA PA 19145-1005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286833

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN BUDNIK

Mailing Address 20 W. 46 STREET

City

BAYONNE

State

NJ

Zip Code

07002-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAT

Occupation

DPS ACCOUNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292441

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALFRED J. BUESCHER

Mailing Address 4901 LAKESIDE AVENUE E.

City

CLEVELAND

State

OH

Zip Code

44114-3931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERSTATE DIESEL

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263300

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. BUKER, JR.

Mailing Address 8999 STATE ROAD 80 SW

City

MOORE HAVEN

State

FL

Zip Code

33471-8249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275643

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN BUKSA

Mailing Address 51 GLENVIEW RD

City

MERIDEN

State

CT

Zip Code

06450-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ULTRA ELECTRONICS DNC TEC-  
HNOLOGIES

Occupation

ASSEMBLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286187

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARGARET S. BUNNING

Mailing Address 405 AGATE ST

City

ROCK SPRINGS

State

WY

Zip Code

82901-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289413

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOUISE J. BURKE

Mailing Address 250 E. WARREN STREET

City

ISELIN

State

NJ

Zip Code

08830-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283995

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID T. BURLESON

Mailing Address 9002 RANCICH ST.

City

EL PASO

State

TX

Zip Code

79904-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290995

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

J. BURLEY

Mailing Address 3847 GREENLEAF CIR

City

KALAMAZOO

State

MI

Zip Code

49008-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265562

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER J. BURN

Mailing Address 151 HOBART AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOSHEN INVESTMENTS LLC

Occupation  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287769

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES BUTT

Mailing Address 9461 OAK DR.

City

SPRINGDALE

State

AR

Zip Code

72762-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265494

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGARET T. BUTTREY

Mailing Address 5584 VIA DICHA UNIT B

City

LAGUNA WOODS

State

CA

Zip Code

92637-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260606

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DONALD R. BUTTS, M.D.

Mailing Address 800 PEAKWOOD DR # 2C

City

HOUSTON

State

TX

Zip Code

77090-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLON RECTAL CLINIC HOUS-  
TON

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES H. BYRD

Mailing Address 93 CHARLES BYRD RD

City

POPLARVILLE

State

MS

Zip Code

39470-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265977

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHARLES H. BYRD

Mailing Address 93 CHARLES BYRD RD

City

POPLARVILLE

State

MS

Zip Code

39470-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278536

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARY W. BYRNES

Mailing Address 75 NIGHTINGALE LN. APT. 127

City

GULF BREEZE

State

FL

Zip Code

32561-4398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283971

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBYN J. CAFASSO

Mailing Address 10107 PINE GLADE DR

City

COLORADO SPGS

State

CO

Zip Code

80920-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DISTRICT ATTORNEYS OFFICE

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287632

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN CALDWELL

Mailing Address 2635 S OCEAN BLVD.

City

HIGHLAND BEACH

State

FL

Zip Code

33487-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271953

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUSAN E. CALHOUN

Mailing Address 472 GABRIEL DR

City

KIRKWOOD

State

MO

Zip Code

63122-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284980

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN E. CALHOUN

Mailing Address 472 GABRIEL DR

City

KIRKWOOD

State

MO

Zip Code

63122-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14291937

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL CALISTA

Mailing Address 210 GASKILL STREET

City

PHILADELPHIA

State

PA

Zip Code

19147-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VYNAMIC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292430

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL S. CANFIELD

Mailing Address PO BOX 220

City

COLD SPRING

State

NY

Zip Code

10516-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14291966

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. CAROLYN BEAUCHAMP CAPELLI

Mailing Address 1305 LAKE DRIVE

City State Zip Code  
DANIELS WV 25832-9237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14291965

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS A. CARAMANICO

Mailing Address 848 BUCK LANE

City State Zip Code  
ARDMORE PA 19003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCCORMICK TAYLOR & ASSOC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292951

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. FRANCIS CARAVELLI

Mailing Address 713 CRISFIELD WAY

City State Zip Code  
ANNAPOLIS MD 21401-4576

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAURICE ELGE SUPPLY

Occupation  
EXECUTIVE V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266947

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN CARMAN

Mailing Address 350 S CHURCH ST

City

ADDISON

State

IL

Zip Code

60101-3750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STAND FAST PACKAGING PROD-  
UCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14267475

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARINA G. CARNEY

Mailing Address 162 W. WESTMINSTER ROAD

City

LAKE FOREST

State

IL

Zip Code

60045-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263365

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GARY CARR

Mailing Address RR 3  
BOX 414

City

LAWRENCEVILLE

State

IL

Zip Code

62439-9499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281189

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. CARRIER

Mailing Address 350 PARK AVENUE  
18TH FLOOR

City State Zip Code  
NEW YORK NY 10022-6057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EDGEWOOD MANAGEMENT

Occupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297521

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSE B. CARRION RUBERT

Mailing Address 20 CARRION COURT  
APARTMENT 601

City State Zip Code  
SAN JUAN PR 00911-1355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARRION, LAFAYETTE & CASS-  
ELLS

Occupation  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279125

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DEB E. CARTER

Mailing Address 1916 QUAY ROAD 66

City State Zip Code  
SAN JON NM 88434-9798

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277008

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

4525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD CARTER

Mailing Address RR 2

City

WADENA

State

MN

Zip Code

56482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268361

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD CARTER

Mailing Address RR 2

City

WADENA

State

MN

Zip Code

56482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287058

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY S. CARTER

Mailing Address 259 BRISTOL ST.

City

MONCKS CORNER

State

SC

Zip Code

29461-8018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264117

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WAYNE CARTER

Mailing Address 303 PEARL ST.

City

GUSTINE

State

TX

Zip Code

76455-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287984

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LYNN E. CARUTHERS

Mailing Address 904 GEORGETOWN RIDGE COURT

City

MC LEAN

State

VA

Zip Code

22102-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283827

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PRESTON C. CARUTHERS

Mailing Address 4600 NORTH FAIRFAX DRIVE  
SUITE 1000

City

ARLINGTON

State

VA

Zip Code

22203-1553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292469

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

12120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BETTY J. CASABURI

Mailing Address 17936 CABELA DR

City

SAN DIEGO

State

CA

Zip Code

92127-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283190

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FILIPPO CASSINELLI

Mailing Address PO BOX 6280

City

ST THOMAS

State

VI

Zip Code

00804-6280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AH RUSE

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263945

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL CASSLING

Mailing Address 17516 BAYWOOD CIRCLE

City

OMAHA

State

NE

Zip Code

68130-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292959

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LINDA CAST

Mailing Address 342 S HUMBOLDT DR

City

HENDERSON

State

NV

Zip Code

89074-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291073

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN CASTLE

Mailing Address 1095 N. OCEAN BOULEVARD

City

PALM BEACH

State

FL

Zip Code

33480-3230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASTLE HARLAN, INC.

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283844

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CORBETT D. CAUDILL

Mailing Address 5205 SHAKER RD.

City

FRANKLIN

State

OH

Zip Code

45005-5153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291700

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY CAUTHEN

Mailing Address 1500 LAKE RD. APT. 10

City

BELTON

State

TX

Zip Code

76513-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14261418

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GIUSEPPE CECCHI

Mailing Address 1700 N MOORE ST

City

ARLINGTON

State

VA

Zip Code

22209-2793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE IDI GROUPOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287770

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KIRSTEN A. CHADWICK

Mailing Address 601 PRESIDENT FORD LANE

City

ALEXANDRIA

State

VA

Zip Code

22302-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIERCE, ISAKOWITZ & BLALO-  
CKOccupation  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270371

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5535.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY D. CHAMBERS

Mailing Address 12605 WHISPERING HILLS DR

City

DALLAS

State

TX

Zip Code

75243-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOBILE POWER

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290842

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. CHAMBERS

Mailing Address 2302 E REATA DR.

City

DEER PARK

State

TX

Zip Code

77536-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270655

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERARD L. CHAMPSAUR

Mailing Address 1430 CHANNING AVE.

City

PALO ALTO

State

CA

Zip Code

94301-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283725

Amount of Each Receipt this Period

185.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
DR. JOHN CHANASUE

Mailing Address 307 HENRY ST  
STE 200

City State Zip Code  
ALTON IL 62002-6326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258289

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JEANNE O. CHAPMAN

Mailing Address 3801 VILLAGE VIEW DR. APT. 161

City State Zip Code  
GAINESVILLE GA 30506-4339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283913

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
ROGER CHAPMAN

Mailing Address 118 HAMMONASSETT MEADOWS RD.

City State Zip Code  
MADISON CT 06443-2010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLAKESLEE ARPAIA CHAPMAN  
INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ENGINEER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266156

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROGER CHAPMAN

Mailing Address 118 HAMMONASSETT MEADOWS RD.

City

MADISON

State

CT

Zip Code

06443-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLAKESLEE ARPAIA CHAPMAN  
INC.

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290092

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL F. CHAPPELL

Mailing Address 5400 MACOMB STREET NW

City

WASHINGTON

State

DC

Zip Code

20016-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIERCE, ISAKOWITZ & BLALO-  
CK

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283826

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARVIN CHEITEN

Mailing Address 35 MEADOWBROOK DRIVE

City

PRINCETON

State

NJ

Zip Code

08540-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288241

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT L. CHILES

Mailing Address 1003 FAIRWAY SEVEN

City

VILLA RICA

State

GA

Zip Code

30180-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288260

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL CHODORCOFF

Mailing Address 109 JESSE CT

City

MONTVILLE

State

NJ

Zip Code

07045-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288832

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL CHODORCOFF

Mailing Address 109 JESSE CT

City

MONTVILLE

State

NJ

Zip Code

07045-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289584

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANA CHRISTIAN

Mailing Address 20230 BONNIE BRAE WAY

City

SARATOGA

State

CA

Zip Code

95070-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290595

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID CHRISTOFFER

Mailing Address 78597 370TH AVE.

City

OKABENA

State

MN

Zip Code

56161-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285493

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NEIL CHRISTMAN

Mailing Address 5995 W ANDECHS SMT

City

DULUTH

State

GA

Zip Code

30097-6407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264274

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAY R. CHRISTENSEN

Mailing Address 992 OAK HILLS WAY

City

SALT LAKE CITY

State

UT

Zip Code

84108-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272315

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHONG CHUL KIM

Mailing Address 1 BUTTERNUT LN.

City

BASKING RIDGE

State

NJ

Zip Code

07920-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTERN SILK MILL INC

Occupation  
BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265188

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CHRISTINA R. CIANCUTTI

Mailing Address 2123 14TH. ST.

City

HAMMONTON

State

NJ

Zip Code

08037-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276558

Amount of Each Receipt this Period

794.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1329.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CURTIS L. CLANTON

Mailing Address 2735 CLARKSON ROAD

City

EUPORA

State

MS

Zip Code

39744-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264683

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BERNIE L. CLARKE

Mailing Address 3911 MERCHANT RD

City

FORT WAYNE

State

IN

Zip Code

46818-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDIANA FLUID POWER

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14271071

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CINDY K. CLARK

Mailing Address PO BOX 486

City

BROWNSVILLE

State

OR

Zip Code

97327-0486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PIONEER BOOKKEEPING TAX  
SERVICE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281178

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD P. CLARKE

Mailing Address 50 LEDGE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289415

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELLOINE CLARK

Mailing Address 3838 OAK LAWN AVE STE. 911

City

DALLAS

State

TX

Zip Code

75219-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268734

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RICHARD G. CLARK

Mailing Address 4619 PEWTER LN.

City

MANLIUS

State

NY

Zip Code

13104-9329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265778

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. CLARK

Mailing Address 5875 HICKORY HOLLOW LANE

City

DOYLESTOWN

State

PA

Zip Code

18902-9413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERCK & COMPANY INC.

Occupation

CHAIRMAN, PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286834

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERTA CLARK

Mailing Address 3899 RIVER RD.

City

FOLKSTON

State

GA

Zip Code

31537-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266242

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROY C. CLARK, JR.

Mailing Address 703 N MANSFIELD ST.

City

ALEXANDRIA

State

VA

Zip Code

22304-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277420

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5070.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. CLARK

Mailing Address 12470 FAIRBANKS DR.

City

TUSTIN

State

CA

Zip Code

92782-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BC WIRE ROPE AND RIGGING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275493

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID CLEMENS

Mailing Address P.O. BOX 962

City

HALLSTEAD

State

PA

Zip Code

18822-0962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266683

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR COBB

Mailing Address 131 S. VISTA STREET

City

LOS ANGELES

State

CA

Zip Code

90036-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291686

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH I. COCO

Mailing Address 225 DEER CROSSING WAY

City

HENDERSON

State

NV

Zip Code

89012-2289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272179

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RAYMOND C. COFER

Mailing Address 8520 CALIMAR DR

City

FRISCO

State

TX

Zip Code

75034-7712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267295

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN S. COLACHIS

Mailing Address 1001 GENTER ST.  
PH. 9

City

LA JOLLA

State

CA

Zip Code

92037-5539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279468

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS P. COLE

Mailing Address 2594 EARL ST

City

WOOSTER

State

OH

Zip Code

44691-9110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288665

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIE R. COLEMAN

Mailing Address 606 E GARFIELD AVENUE

City

MORTON

State

TX

Zip Code

79346-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272365

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH H. COLLINS

Mailing Address 18831 SMOKETREE CIR

City

VILLA PARK

State

CA

Zip Code

92861-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272729

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. COLSTON

Mailing Address 3210 N LEISURE WORLD BLVD. APT

City

SILVER SPRING

State

MD

Zip Code

20906-5698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292568

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM COLTON

Mailing Address 6334 WESTCHESTER DRIVE

City

DALLAS

State

TX

Zip Code

75205-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXXON MOBIL

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288637

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. COLUCCI, JR.

Mailing Address 154 RUMSEY RD

City

BUFFALO

State

NY

Zip Code

14209-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264538

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY K. COLWELL

Mailing Address 140 MARICOPA CIR

City

ENON

State

OH

Zip Code

45323-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260772

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NORMA COMPTON

Mailing Address 639 GALLIA PIKE

City

IRONTON

State

OH

Zip Code

45638-8082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262930

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FOSTER F. COMSTOCK

Mailing Address 720 WELLMAN AVE

City

N CHELMSFORD

State

MA

Zip Code

01863-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288690

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFRED J. CONAN

Mailing Address PO BOX 473

City

NEWTOWN SQUARE

State

PA

Zip Code

19073-0473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286831

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER P. CONANT

Mailing Address 4 FISHING EAGLE CT

City

FERNANDINA BEACH

State

FL

Zip Code

32034-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272374

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER P. CONANT

Mailing Address 4 FISHING EAGLE CT

City

FERNANDINA BEACH

State

FL

Zip Code

32034-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287063

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. THOMAS CONKLIN

Mailing Address 294 E MOANA LN  
# 22

City  
RENO

State  
NV

Zip Code  
89502-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263715

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOLORES CONLEY

Mailing Address 1591 HOLLY HILL DR.

City

BETHEL PARK

State

PA

Zip Code

15102-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264661

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD D. CONN

Mailing Address 1901 VENETO DR

City

SPARKS

State

NV

Zip Code

89434-2083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287431

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON R. CONNER

Mailing Address 551 21ST AVENUE

City

MOLINE

State

IL

Zip Code

61265-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOLINE SCHOOL DISTRICT 40Occupation  
JANITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292383

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHERINE E. CONSTABLE

Mailing Address 2133 RICHMOND RD

City

TROY

State

VA

Zip Code

22974-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269629

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRIAN COOK

Mailing Address 10703 E ROCKY CREEK RD.

City

CROWLEY

State

TX

Zip Code

76036-2051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14276465

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
IRENE COOK

Mailing Address 755 FM 1844

City State Zip Code  
LONGVIEW TX 75605-6978

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264390

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JEFFERY COOKE

Mailing Address 341 GARRETT DR.

City State Zip Code  
TRINIDAD CO 81082-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263184

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. GAIL F. COOPER

Mailing Address 4956 EXETER DR.

City State Zip Code  
SUFFOLK VA 23434-7099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263213

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAIL F. COOPER

Mailing Address 4956 EXETER DR.

City

SUFFOLK

State

VA

Zip Code

23434-7099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268531

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GAIL F. COOPER

Mailing Address 4956 EXETER DR.

City

SUFFOLK

State

VA

Zip Code

23434-7099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285779

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J LEWIS COOPER, JR.

Mailing Address 743 LOCHMOOR BLVD

City

GROSSE POINTE WOOD

State

MI

Zip Code

48236-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J LEWIS COOPER CO

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289387

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILFRED N. COOPER

Mailing Address 546 S BAY FRONT

City

NEWPORT BEACH

State

CA

Zip Code

92662-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WNC & ASSOCIATESOccupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284021

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILFRED N. COOPER

Mailing Address 546 S BAY FRONT

City

NEWPORT BEACH

State

CA

Zip Code

92662-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WNC & ASSOCIATESOccupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292554

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANNA M. COPLEY

Mailing Address P.O. BOX 127

City

CRUM

State

WV

Zip Code

25669-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14271666

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANNA M. COPLEY

Mailing Address P.O. BOX 127

City

CRUM

State

WV

Zip Code

25669-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289728

Amount of Each Receipt this Period

51.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CORNELIA G. CORBETT

Mailing Address 1043 GUI SANDO DRIVE

City

TAMPA

State

FL

Zip Code

33613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260576

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARIE T. CORDANO

Mailing Address 187 OAKFIELD AVENUE

City

DIX HILLS

State

NY

Zip Code

11746-6327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260498

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1086.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

H. COREY

Mailing Address 80 HEREFORD RD

City

BRONXVILLE

State

NY

Zip Code

10708-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

820.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286965

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL CORRIGAN

Mailing Address 23923 RESEARCH DR

City

FARMINGTON HILLS

State

MI

Zip Code

48335-2630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORRIGAN MOVING SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288018

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. RITA M. CORSI

Mailing Address 1295 DEL MAR ST

City

MOUNTAIN HOME

State

ID

Zip Code

83647-3767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOOTNOTES BOOK STORE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

235.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280643

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

960.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHERRY CORSON

Mailing Address 617 W HORATIO ST

City

TAMPA

State

FL

Zip Code

33606-2282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H & R BLOCK

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263856

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DONELDA COSTELLO

Mailing Address 424 W FRANKLIN ST APT 124

City

REED CITY

State

MI

Zip Code

49677-1083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286162

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARILYN COUGHLIN

Mailing Address 1511 RIDGEVIEW RD.

City

LIBERTY

State

MO

Zip Code

64068-8593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266727

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARDNER COURSON

Mailing Address 54 THE PRADO

City

ATLANTA

State

GA

Zip Code

30309-3370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TAYLOR ENGLISH DUMA, LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290905

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CLYDE COURTRIGHT, JR.

Mailing Address 106 CLIPPER COVE

City

LAFAYETTE

State

LA

Zip Code

70508-7024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258749

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HON. JAMES A. COURTER

Mailing Address 17 MOCKINGBIRD LANE

City

HACKETTSTOWN

State

NJ

Zip Code

07840-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IDT CORPORATION

Occupation  
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292958

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. COWARD

Mailing Address 135 KATHRYN PL.

City

BRANDON

State

MS

Zip Code

39042-9777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274241

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT COWEN

Mailing Address 2786 INDIAN SPRINGS RD.

City

MARIANNA

State

FL

Zip Code

32446-6889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288680

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT COWEN

Mailing Address 2786 INDIAN SPRINGS RD.

City

MARIANNA

State

FL

Zip Code

32446-6889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291022

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER B. COWIE

Mailing Address 36 REVOLUTIONARY ROAD

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292424

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRAD E. COX

Mailing Address 4514 COLE AVENUE  
SUITE 1175

City

DALLAS

State

TX

Zip Code

75205-4183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283845

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CALVIN O. COX

Mailing Address 112 ARMSTRONG AVE

City

DUMAS

State

TX

Zip Code

79029-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266570

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CALVIN O. COX

Mailing Address 112 ARMSTRONG AVE

City

DUMAS

State

TX

Zip Code

79029-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288078

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIM F. CRAMER

Mailing Address 2817 S. LIPSCOMB

City

AMARILLO

State

TX

Zip Code

79109-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATA FLOW, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11.14281813

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALTER F. CRAMPTON

Mailing Address 3890 MURPHY CANYON ROAD SUITE 200

City

SAN DIEGO

State

CA

Zip Code

92123-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14281394

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA CRAWFORD

Mailing Address 356 TOPAZ ST.

City

REDWOOD CITY

State

CA

Zip Code

94062-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263375

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA CRAWFORD

Mailing Address 356 TOPAZ ST.

City

REDWOOD CITY

State

CA

Zip Code

94062-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276784

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE G. CREEL

Mailing Address 350 PARK AVENUE  
18TH FLOOR

City

NEW YORK

State

NY

Zip Code

10022-6057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EDGEWOOD MANAGEMENT LLC

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286827

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. J. ROBERT CREIGHTON

Mailing Address 660 CAMINO DE LOS MARES UNIT 3

City

SAN CLEMENTE

State

CA

Zip Code

92673-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292580

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY A. CREVISTON

Mailing Address 638 FALCONCREST DR

City

LAKE ST LOUIS

State

MO

Zip Code

63367-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258298

Amount of Each Receipt this Period

335.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NEAL D. CRISPIN

Mailing Address PO BOX 7278

City

ST THOMAS

State

VI

Zip Code

00801-0278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JETFLEET MANAGEMENT CORP.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290744

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1435.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARSHALL CROMER

Mailing Address 4701 OAKPORT ST

City

OAKLAND

State

CA

Zip Code

94601-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275630

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GERALD M. CRONK

Mailing Address 13 NATOMA DR.

City

OAK BROOK

State

IL

Zip Code

60523-7711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
CONSTULTANT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260971

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. YVONNE L. CROW

Mailing Address 1109 JANNAS TRL

City

EDMOND

State

OK

Zip Code

73012-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
HOMEMAKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291012

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFRED J. CROWLE

Mailing Address 16815 E COSTILLA AVE

City

AURORA

State

CO

Zip Code

80016-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287992

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY CULLEN

Mailing Address 8615 BROADWAY APT 15G

City

ELMHURST

State

NY

Zip Code

11373-5827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14261440

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHARON CULVER

Mailing Address 718 CAMINO SANTA BARBARA

City

SOLANA BEACH

State

CA

Zip Code

92075-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALOMAR ENTERPRISE INC.

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264619

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT CUMINALE

Mailing Address 912 INGRAHAM PL

City

CHARLOTTE

State

NC

Zip Code

28270-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268139

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT CUMINALE

Mailing Address 912 INGRAHAM PL

City

CHARLOTTE

State

NC

Zip Code

28270-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288814

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EUGENE M. CUMMINGS

Mailing Address 1290 KATHRYN LN

City

LAKE FOREST

State

IL

Zip Code

60045-4316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269012

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KEVIN CUMMINS

Mailing Address 6142 AMBERDALE DR

City

YORBA LINDA

State

CA

Zip Code

92886-5953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOEINGOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258712

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MIKE CURB

Mailing Address 48 MUSIC SQUARE E.

City

NASHVILLE

State

TN

Zip Code

37203-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292463

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BONNIE N. CURLING

Mailing Address 4125 S MILITARY HWY

City

CHESAPEAKE

State

VA

Zip Code

23321-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W.E. CURLING, INC.Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297523

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10025.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER M. D'AGNES

Mailing Address 49 RECTOR STREET

City

METUCHEN

State

NJ

Zip Code

08840-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMLIN CAPITAL MANAGEMENT

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287737

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R. D'AGNES

Mailing Address 5 JASON DRIVE

City

EAST BRUNSWICK

State

NJ

Zip Code

08816-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RORITAN BAY MEDICAL CENTER

Occupation  
HOSPITAL PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286816

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. D'APRILE

Mailing Address 47 LANTERN RD

City

REVERE

State

MA

Zip Code

02151-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286218

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEAN R. DABBS

Mailing Address 5911 SOUTHERN HILLS DR

City

HOUSTON

State

TX

Zip Code

77069-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270538

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SCOTT CHARLES DACEY

Mailing Address 139 TRENT SHORES DR.

City

TRENT WOODS

State

NC

Zip Code

28562-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287786

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARVIN D. DAHLIN

Mailing Address 1012 PICOTTE ST.

City

YANKTON

State

SD

Zip Code

57078-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265091

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. DALSHEIM

Mailing Address 151 E 83RD ST.  
APT. 8B

City

NEW YORK

State

NY

Zip Code

10028-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JANNEY MONTGOMERY SCOTT

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292458

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES D. DANELLA

Mailing Address PO BOX 155

City

GWYNEDD

State

PA

Zip Code

19436-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DANELLA CONSTRUCTION COMP-  
ANY

Occupation

BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286819

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID DANIEL

Mailing Address 336B HERITAGE VLG

City

SOUTHBURY

State

CT

Zip Code

06488-3763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286239

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER I. DANIELE

Mailing Address 1730 FOREST CREEK DR.

City

BLUE BELL

State

PA

Zip Code

19422-3654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284899

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH C. DARUTY

Mailing Address 1427 ELIZABETH CREST

City

REDLANDS

State

CA

Zip Code

92373-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270674

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL L. DAVIES, JR.

Mailing Address 3697 MT DIABLO BLVD.  
SUITE 205

City

LAFAYETTE

State

CA

Zip Code

94549-3754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CAMBRIA GROUP

Occupation

MANAGING PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279026

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. DAVIS

Mailing Address 700 JOHN RINGLING BLVD  
T-912

City State Zip Code  
SARASOTA FL 34236-1542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269392

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. DAVIS

Mailing Address 700 JOHN RINGLING BLVD  
T-912

City State Zip Code  
SARASOTA FL 34236-1542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287828

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN DAWSON

Mailing Address 9568 BELMONT AVE

City State Zip Code  
FRANKLIN PARK IL 60131-2707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAX TIEDEMANN CO INC

Occupation  
FUNERAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14271182

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN S. DAY

Mailing Address 860 CYPRESS POINTE DR. W

City

HOLLYWOOD

State

FL

Zip Code

33027-1360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258355

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOANNE DAYLEY

Mailing Address 5379 S 1400 E

City

OGDEN

State

UT

Zip Code

84403-4563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283248

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LAURA C. DE ASARTA

Mailing Address PO BOX 3460

City

BRYAN

State

TX

Zip Code

77805-3460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LDA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280524

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL DE CLEVA

Mailing Address 350 ST PAUL ST STE 1825

City State Zip Code  
DALLAS TX 75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289801

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALBERTO DE LA CRUZ

Mailing Address 35 AVE. MUNOZ RIVERS  
CARIBE PLAZA #2004

City State Zip Code  
SAN JUAN PR 00901-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COCA COLA PR BOTTLERS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14273508

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS H. DE LYROT

Mailing Address P.O. BOX 400

City State Zip Code  
ST THOMAS VI 00804-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDOW, INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283835

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

7750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. EILEEN M. DEBENEDICTIS

Mailing Address 231 GOLF VIEW ROAD

City

ARDMORE

State

PA

Zip Code

19003-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287741

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CLAUDE DEBOTTON

Mailing Address 1604 WALNUT STREET

City

PHILADELPHIA

State

PA

Zip Code

19103-5421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287739

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD DECKER

Mailing Address 1995 RUBY VIEW DR.

City

ELKO

State

NV

Zip Code

89801-2689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283323

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GREG C. DECKER

Mailing Address N115W19145 EDISON DR

City

GERMANTOWN

State

WI

Zip Code

53022-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRECISE GIG GRINDE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291423

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID N. DEINZER

Mailing Address 1 BROAD ST

City

CLIFTON

State

NJ

Zip Code

07013-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O'NEIL STEEL

Occupation  
EXC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286683

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. DELIZZA

Mailing Address 729 WHITMAN DRIVE

City

TURNERSVILLE

State

NJ

Zip Code

08012-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENNONI ASSOCIATES

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286820

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. DENTON

Mailing Address 5305 MASONIC TERRACE

City

RICHMOND

State

VA

Zip Code

23223-5555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292196

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES DERDERIAN

Mailing Address 4720 N. 32ND STREET

City

ARLINGTON

State

VA

Zip Code

22207-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE STANTON PARK GROUP

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285667

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL DEROSA

Mailing Address 4042 HOWELL ROAD

City

MALVERN

State

PA

Zip Code

19355-8697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELEMANT PARTNERS

Occupation  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279188

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL DESAUTEL

Mailing Address 609 W HIGHLAND BLVD

City

INVERNESS

State

FL

Zip Code

34452-4638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14267478

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID DEVALK

Mailing Address 70 MULE DEER CT

City

RENO

State

NV

Zip Code

89523-8602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RENO HEART PHYSICIANS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273061

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. C. WILLIAM DEVANEY

Mailing Address 2909 ROSEFIELD DR

City

HOUSTON

State

TX

Zip Code

77080-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272223

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. DI MARTINO, JR.

Mailing Address 193 W 1ST ST STE 16

City

OSWEGO

State

NY

Zip Code

13126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DI MARTINO LAW OFFICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281180

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANTOINETTE DIEMER

Mailing Address 10919 MAIDEN DR.

City

BOWIE

State

MD

Zip Code

20720-3599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274446

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L. DILENSCHNEIDER

Mailing Address 249 LONG NECK POINT RD.

City

DARIEN

State

CT

Zip Code

06820-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297516

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MINNA DIMMICK

Mailing Address 6915 CARMELITO LOOP NE

City

ALBUQUERQUE

State

NM

Zip Code

87113-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TARGET

Occupation  
RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287445

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275610

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City

CAPE CORAL

State

FL

Zip Code

33904-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279870

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA DISILVESTRO

Mailing Address 535 GRADYVILLE RD APT S112

City

NEWTOWN SQUARE

State

PA

Zip Code

19073-2815

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289463

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUZANNE DODD

Mailing Address 171 GEORGIA DR

City

LEESVILLE

State

SC

Zip Code

29070-7160

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14271584

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN HENRY DOEDE

Mailing Address 7525 E GAINEY RANCH RD. UNIT 197

City

SCOTTSDALE

State

AZ

Zip Code

85258-1610

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287811

Amount of Each Receipt this Period

320.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOYCE B. DOHENY

Mailing Address 4383 ROYAL PL

City

HONOLULU

State

HI

Zip Code

96816-4855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264279

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LORRAINE I. DOMINICK

Mailing Address 10116 GRANDVIEW RD  
APT 220

City

KANSAS CITY

State

MO

Zip Code

64137-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286217

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEWIS R. DONELSON, III

Mailing Address 165 MADISON AVE  
STE 2000

City

MEMPHIS

State

TN

Zip Code

38103-2752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAKER DONELSON

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275261

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES DONOVAN

Mailing Address 1235 DELAPLANE GRADE ROAD

City

UPPERVILLE

State

VA

Zip Code

20184-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDMAN, SACHS & CO.

Occupation

INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14282196

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DANIEL DOONAN

Mailing Address 178 CATHERINE PARK

City

GLENDORA

State

CA

Zip Code

91741-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292818

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID E. DORSNER

Mailing Address PO BOX 24083

City

HILTON HEAD ISLAND

State

SC

Zip Code

29925-4083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287567

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES DOTSON

Mailing Address PO BOX 268

City

HURLEY

State

VA

Zip Code

24620-0268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOTSONS MARKET INC

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258284

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD J. DOUGLASS

Mailing Address 150 EDGEWATER WAY

City

MERRITT ISLAND

State

FL

Zip Code

32953-8347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268184

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY C. DOUGLASS

Mailing Address 34045 N 1950 EAST RD

City

ROSSVILLE

State

IL

Zip Code

60963-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286382

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROLE L. DOWD

Mailing Address 1529 CROWELL ROAD

City

VIENNA

State

VA

Zip Code

22182-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283892

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN DREXLER

Mailing Address 3301 SPRING MOUNTAIN RD  
STE 12

City

LAS VEGAS

State

NV

Zip Code

89102-8648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEVEN DREXLER CPA

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280549

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES DROOGAN

Mailing Address 1860 HIAWATHAS PATH

City

SOUTHOLD

State

NY

Zip Code

11971-4860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282390

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES DROOGAN

Mailing Address 1860 HIAWATHAS PATH

City

SOUTHOLD

State

NY

Zip Code

11971-4860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282470

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LOIS C. DRUM

Mailing Address 1064 W MILLS ST  
APT 214

City

COLUMBUS

State

NC

Zip Code

28722-8459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293251

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT M. DUMIT

Mailing Address 212 STONEBROOK FARM WAY

City

GREENVILLE

State

SC

Zip Code

29615-6068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALMETTE STATE TRANSPORTA-  
TION CO., INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT & OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264649

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GRANT M. DUNCAN

Mailing Address 1822 BEVERLY GLEN DR

City

NORTH TUSTIN

State

CA

Zip Code

92705-3157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274236

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GRANT M. DUNCAN

Mailing Address 1822 BEVERLY GLEN DR

City

NORTH TUSTIN

State

CA

Zip Code

92705-3157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14281888

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN DUNCAN

Mailing Address 3131 TENNYSON ST. NW

City

WASHINGTON

State

DC

Zip Code

20015-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERIDIAN RESEARCH GROUP

Occupation  
POLICY ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270364

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD S. DUNCKLEE

Mailing Address 10669 PELICAN DR.

City

WELLINGTON

State

FL

Zip Code

33414-6160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286159

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JASON J. DUPUIS

Mailing Address P.O. BOX 1540

City

NEW YORK

State

NY

Zip Code

10101-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290742

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MIKE DURBIN

Mailing Address PO BOX 305

City

MC KEE

State

KY

Zip Code

40447-0305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMPBELL'S DRUG

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275409

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TRUMAN DURR

Mailing Address P.O. BOX 115

City

PLEASANT HILL

State

LA

Zip Code

71065-0115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277455

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATIE DUSENBERRY

Mailing Address 7495 S RINCON VISTA TRL.

City

TUCSON

State

AZ

Zip Code

85747-9158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORIZON MOVING SYST

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284155

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DYER

Mailing Address 952 STONE CREEK LN.

City

BELLEVILLE

State

IL

Zip Code

62223-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ORAL SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260559

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALICE DYESS

Mailing Address P.O. BOX 485

City

YELLVILLE

State

AR

Zip Code

72687-0485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POWER FILM SYSTEMS INC.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263380

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RALPH C. EAGLE, JR.

Mailing Address 6 WYCHWOOD LN

City

WALLINGFORD

State

PA

Zip Code

19086-6749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263681

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LIDA F. EBERLING

Mailing Address 5903 WINDY CV.

City

SAN ANTONIO

State

TX

Zip Code

78239-2647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258335

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

490.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD L. EDEN

Mailing Address P.O. BOX 20194

City

COLORADO CITY

State

CO

Zip Code

81019-2194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261817

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ROBERT EDGINGTON

Mailing Address PO BOX 130

City

CALLAWAY

State

NE

Zip Code

68825-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275450

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KAREN EDMONSTON

Mailing Address PO BOX 13265

City

EL PASO

State

TX

Zip Code

79913-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AREA IRON & STEEL WORKS  
INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14278985

Amount of Each Receipt this Period

800.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1035.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD EHLERS

Mailing Address 535 S 11TH ST APT 7

City

MONTROSE

State

CO

Zip Code

81401-4968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284157

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD EHLERS

Mailing Address 535 S 11TH ST APT 7

City

MONTROSE

State

CO

Zip Code

81401-4968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288691

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES EHRENSTROM

Mailing Address 9926 N VALLEY HILL DR.

City

MEQUON

State

WI

Zip Code

53092-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287011

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. EKELUND

Mailing Address 1420 VIA MARETTIMO

City

MONTEREY

State

CA

Zip Code

93940-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289816

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. ELLER

Mailing Address 3587 CONRAD AVE

City

SAN DIEGO

State

CA

Zip Code

92117-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284409

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NIEL C. ELLERBROOK

Mailing Address 35 JOHNSON PLACE

City

EVANSVILLE

State

IN

Zip Code

47714-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275650

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DORIS F. ELLIOTT

Mailing Address 23309 COMMUNITY ST.

City

CANOGA PARK

State

CA

Zip Code

91304-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276517

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DORIS F. ELLIOTT

Mailing Address 23309 COMMUNITY ST.

City

CANOGA PARK

State

CA

Zip Code

91304-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278042

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN J. ELLIS

Mailing Address 544 N. CHURCH ST.

City

CHARLOTTE

State

NC

Zip Code

28202-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLS FARGO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INVESTMENT BANKER

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288802

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS BELLE M. ELLSWORTH

Mailing Address 5208 6TH STREET CT W

City

BRADENTON

State

FL

Zip Code

34207-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263364

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS BELLE M. ELLSWORTH

Mailing Address 5208 6TH STREET CT W

City

BRADENTON

State

FL

Zip Code

34207-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290452

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. IVAN C. ELMER

Mailing Address 6145 TOMPKINS DR

City

MC LEAN

State

VA

Zip Code

22101-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269396

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KIRWAN M. ELMERS

Mailing Address 1894 LAKE SHORE DR

City

COLUMBUS

State

OH

Zip Code

43204-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSTOM COACH

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262564

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KIRWAN M. ELMERS

Mailing Address 1894 LAKE SHORE DR

City

COLUMBUS

State

OH

Zip Code

43204-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSTOM COACH

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262867

Amount of Each Receipt this Period

5.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KIRWAN M. ELMERS

Mailing Address 1894 LAKE SHORE DR

City

COLUMBUS

State

OH

Zip Code

43204-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSTOM COACH

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282317

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MURIEL EMERSON

Mailing Address 1650 ESKATON LOOP APT 289

City

ROSEVILLE

State

CA

Zip Code

95747-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14280801

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARGARET E. EMMONS

Mailing Address 17 LAUREN LN.

City

BRICK

State

NJ

Zip Code

08723-7838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262939

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP D. ENGLISH

Mailing Address 7350 BRIGHTSIDE ROAD

City

BALTIMORE

State

MD

Zip Code

21212-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROVENTURE COMPANY

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261920

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ISSAC L. EPPERLY

Mailing Address 1986 W BRISTLECONE CT

City

SANTA ROSA

State

CA

Zip Code

95403-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283664

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALLAN F. ERHART

Mailing Address 6211 W 8TH AVE

City

KENNEWICK

State

WA

Zip Code

99336-9375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASHINGTON GROUP INTERNAT-  
IONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGER

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286145

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. ERICSON

Mailing Address 4215 HARMAN PARKWAY

City

WILLOUGHBY

State

OH

Zip Code

44109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERICSON MFG CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275502

Amount of Each Receipt this Period

420.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TAHIR E. ERIMLI

Mailing Address 20809 41ST AVENUE  
FL 1

City State Zip Code  
BAYSIDE NY 11361-1924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292432

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. ERVIN

Mailing Address 8158 FRISCO WAY

City State Zip Code  
INDIANAPOLIS IN 46240-4706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291588

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CARMEN EVANGELISTA

Mailing Address 618 FREMONT AVENUE

City State Zip Code  
S. PASADENA CA 91030-2528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

302.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268133

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD EVANS

Mailing Address P.O. BOX 11090

City

RUSSELLVILLE

State

AR

Zip Code

72812-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVANS INDUSTRIAL COATINGS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277394

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED W. EVANS

Mailing Address 4949 TRIPLE T RD

City

STANLEY

State

ND

Zip Code

58784-9557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE TRIPLE T INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264277

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GRACE EVANS

Mailing Address 4125 RED OAK DRIVE

City

NACOGDOCHES

State

TX

Zip Code

75965-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269877

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN K. EWING

Mailing Address 1508 KIRBY DRIVE  
STE. 1060

City State Zip Code  
HOUSTON TX 77019-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EWING JOHN KIRBY REALTOR

Occupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269722

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANICE O. FAIKS

Mailing Address 12967 QUARTER HORSE LN

City State Zip Code  
LEESBURG VA 20176-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292318

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BETTY FALK

Mailing Address 1152 ADAIR STREET

City State Zip Code  
SAN MARINO CA 91108-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14291939

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAWARD L. FALLS

Mailing Address 2011 OHIO AVE

City

SIGNAL HILL

State

CA

Zip Code

90755-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELECTRACASH INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289412

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL GOODMAN FAMILY

Mailing Address 99 S SERVICE RD. APT. 402

City

NEW HYDE PARK

State

NY

Zip Code

11040-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265692

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSE PEPE F. FANJUL, SR.

Mailing Address 1 N. CLEMATIS STREET  
SUITE 200

City

WEST PALM BEACH

State

FL

Zip Code

33401-5551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLORIDA CRYSTALS CORPORAT-  
ION

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287790

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROSS FARNSWORTH

Mailing Address 622 N MIRAMAR

City

MESA

State

AZ

Zip Code

85213-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARNSWORTH HOLDINGS INC

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14281974

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN E. FARSON

Mailing Address 801 W COMMONWEALTH AVE APT. 22

City

ALHAMBRA

State

CA

Zip Code

91801-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269279

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HELEN E. FARSON

Mailing Address 801 W COMMONWEALTH AVE APT. 22

City

ALHAMBRA

State

CA

Zip Code

91801-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272552

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BERTHA H. FAUVER

Mailing Address P.O. BOX 57

City

PLYMOUTH

State

NH

Zip Code

03264-0057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288122

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BERTHA H. FAUVER

Mailing Address P.O. BOX 57

City

PLYMOUTH

State

NH

Zip Code

03264-0057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288130

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY FAZAKERLEY

Mailing Address P.O. BOX 955

City

MIDDLEBURG

State

VA

Zip Code

20118-0955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CG INVESTMENTS, INC.

Occupation  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270365

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAROL FEDAK

Mailing Address 9157 CHEYENNE RUN

City

MACEDONIA

State

OH

Zip Code

44056-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282661

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES B. FEDORA

Mailing Address 17822 ACACIA DR.

City

N FT MYERS

State

FL

Zip Code

33917-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279455

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L. FEEKEN

Mailing Address 1011 PARKER ST.

City

CAMBRIDGE

State

NE

Zip Code

69022-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266053

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. FEHSENFELD

Mailing Address P.O. BOX 35200

City

LAS VEGAS

State

NV

Zip Code

89133-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14261648

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE FELDENKREIS

Mailing Address 3000 NW 107TH AVENUE

City

DORAL

State

FL

Zip Code

33172-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERRY ELLIS INTERNATIONAL

Occupation  
CHAIRMAN & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287780

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PATRICK R. FELICE

Mailing Address 580 COTTAGE GROVE RD.  
STE. 103

City

BLOOMFIELD

State

CT

Zip Code

06002-3088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC. PLASTIC & RECONSTR-  
UCTION SURGEON

Occupation  
PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263708

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER FELTON

Mailing Address 8 BUTLER ROAD

City

MENDON

State

MA

Zip Code

01756-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278278

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. FENNELL

Mailing Address 9528 GA HIGHWAY 56 S

City

MIDVILLE

State

GA

Zip Code

30441-3866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C4 PLANNING SOLUTIONS LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275276

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES S. FENNELL, JR.

Mailing Address 6960 KILLARNEY DR

City

BEAUMONT

State

TX

Zip Code

77706-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXXONMOBIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PROCESS SAFETY ENGINEER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289443

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ERNEST J. FERLAND

Mailing Address 2178 SOUTH VILLA DRIVE

City

GIBSONIA

State

PA

Zip Code

15044-7404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292422

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PAT FERRILL

Mailing Address 1451 HAMPTON RIDGE DRIVE

City

MCLEAN

State

VA

Zip Code

22101-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292445

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BESSIE FICKEL

Mailing Address 5903 TILBURY RD.

City

ALEXANDRIA

State

VA

Zip Code

22310-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269259

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH R. FINCH

Mailing Address 519 22ND ST.

City

PASO ROBLES

State

CA

Zip Code

93446-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280529

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GAYLEN D. FISCHER

Mailing Address 86370 HWY. 9

City

ALLEN

State

NE

Zip Code

68710-5080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264635

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KEVIN FISHER

Mailing Address 6465 S YALE AVE  
STE 900

City

TULSA

State

OK

Zip Code

74136-7811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263697

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER M. FLANIGAN

Mailing Address 299 PARK AVENUE  
FORTIETH FLOOR

City State Zip Code  
NEW YORK NY 10171-0002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292431

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. STEPHANIE A. FLEETMAN

Mailing Address 35 STANLEY DRIVE

City State Zip Code  
ASTON PA 19014-2245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MUSTANG EXPEDITING, INC.

Occupation  
COMPANY PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290911

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL FLYNN

Mailing Address 1710 N DUCKCROSS CV

City State Zip Code  
WICHITA KS 67206-3323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PIONEER BALLOON

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293594

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20375.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAIME FONALLEDAS, JR.

Mailing Address PO BOX 71450

City

SAN JUAN

State

PR

Zip Code

00936-8550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPRESAS FONALLEDAS

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279029

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ZORAIDA FONALLEDAS

Mailing Address PO BOX 71450

City

SAN JUAN

State

PR

Zip Code

00936-8550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESSWOMAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275649

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PAUL FORREST

Mailing Address 121 DEVON RD

City

DELMAR

State

NY

Zip Code

12054-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280730

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN FOSTER

Mailing Address P.O. BOX 1886

City

CHINO VALLEY

State

AZ

Zip Code

86323-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293435

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES FOSTER

Mailing Address 908 COWAN AVE

City

CONROE

State

TX

Zip Code

77301-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258457

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J. G. FOSTER

Mailing Address 176 LIFE STYLE LN

City

ANDERSON

State

SC

Zip Code

29621-7900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287824

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. FOUT

Mailing Address PO BOX 2065

City

KILGORE

State

TX

Zip Code

75663-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRISTATE MOTOR TRANSIT

Occupation

TRUCKER OWNER OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273154

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM Z. FOX

Mailing Address 13 HAMBLETON COURT

City

BALTIMORE

State

MD

Zip Code

21208-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270372

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE A. FRAMBURG

Mailing Address 1555 N ASTOR ST. APT. 33E

City

CHICAGO

State

IL

Zip Code

60610-5775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291020

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1225.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRIAN Z. FRANCE

Mailing Address PO BOX 2875

City

DAYTONA BEACH

State

FL

Zip Code

32120-2875

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N A S C A R

Occupation

CHAIRMAN &amp; C E O

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275641

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANELLE FRANCIS

Mailing Address PO BOX 19889

City

HOUSTON

State

TX

Zip Code

77224-9889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

OIL PRODUCER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289477

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY D. FRANKLIN

Mailing Address PO BOX 269

City

SAN ANTONIO

State

TX

Zip Code

78291-0269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARTE-HANKS

Occupation

C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

16000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287766

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HOWARD FREEDBERG

Mailing Address 2354 TENNYSON LN.

City

HIGHLAND PARK

State

IL

Zip Code

60035-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
SURGEON

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279453

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALFRED H. FREEMAN

Mailing Address 6935 CARLISLE CT APT 140

City

NAPLES

State

FL

Zip Code

34109-8902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288687

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT FREIDENRICH

Mailing Address 128 E 92ND ST

City

NEW YORK

State

NY

Zip Code

10128-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIO COMPRESION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
ENGINEER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270297

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RONALD FRESHLEY

Mailing Address 340 ATTERBURY BLVD

City

HUDSON

State

OH

Zip Code

44236-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272264

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL H. FREYER

Mailing Address 30 NORTHWAY

City

OLD GREENWICH

State

CT

Zip Code

06870-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBCC,LLC

Occupation  
ACCOUNT EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14281375

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARRY S. FRIEDBERG

Mailing Address 134 E 71ST. ST.

City

NEW YORK

State

NY

Zip Code

10021-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRIEDBERG MILSTEIN

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287759

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD M. GABRIEL

Mailing Address 4801 FOXHALL CRESCENT, NW

City

WASHINGTON

State

DC

Zip Code

20007-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287793

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW GALASKI

Mailing Address 12753 GOLD CUP TRL.

City

MANASSAS

State

VA

Zip Code

20112-3684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258402

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FOURNIER J. GALE, III

Mailing Address 1900 5TH AVENUE NORTH  
REGIONS CENTER 21ST FLOOR

City

BIRMINGHAM

State

AL

Zip Code

35203-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGIONS FINANCIAL CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SEVP - GENERAL COUNSEL

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292409

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3660.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FRED GALLAGHER

Mailing Address 1500 SCOTLAND AVE

City

CHARLOTTE

State

NC

Zip Code

28207-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289236

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNY E. GAMBLE, JR.

Mailing Address P.O. BOX 52389

City

SHREVEPORT

State

LA

Zip Code

71135-2389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUEST CARE MANAGEMENT

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267701

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEITH E. GAMBLE

Mailing Address 339 BRINGIER PLACE

City

SHREVEPORT

State

LA

Zip Code

71106-8392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267709

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

7580.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN C. GAMBLE

Mailing Address 400 ROBBINS PLACE

City

SHREVEPORT

State

LA

Zip Code

71106-9352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267710

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DALE GARAUX

Mailing Address CMR 402 BOX 84

City

APO

State

AE

Zip Code

09180-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ARMY

Occupation

RADIOLOGY PACS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292287

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH GARCIA

Mailing Address 502 HAMBURG TPKE  
# 105

City

WAYNE

State

NJ

Zip Code

07470-8446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263706

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEROME I. GARFFER

Mailing Address 185 COSTA RICA ST.  
APT. 1002

City State Zip Code  
SAN JUAN PR 00917-2533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G CAPITAL INVESTMENT GROU-  
P, INC.

Occupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273500

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SHIRLEY A. GARNES

Mailing Address 2614 SPRUCEWOOD ST

City State Zip Code  
ANCHORAGE AK 99508-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14280905

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. GARRIGAN

Mailing Address 677 HILLCREST DR.

City State Zip Code  
BLAIR NE 68008-1800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREAT PLAINS COMMUNICATIO-  
NS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263372

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES GARVEY

Mailing Address BUILDERS CONSTRUCTION INC  
P.O. BOX 20050City State Zip Code  
WICHITA KS 67208-1050FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293444

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. J. H.A. GASTON

Mailing Address P.O. BOX 670

City State Zip Code  
GREENVILLE GA 30222-0670FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GASTON ENTERPRISES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
DOCTOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14278063

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALONZO E. GATES

Mailing Address 785 BURR RD

City State Zip Code  
SAN ANTONIO TX 78209-6121FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RANCHER

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283705

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDGAR M. GAY

Mailing Address 501 GREEN ACRES DR SW

City

HARTSELLE

State

AL

Zip Code

35640-6846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14274452

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDGAR M. GAY

Mailing Address 501 GREEN ACRES DR SW

City

HARTSELLE

State

AL

Zip Code

35640-6846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291299

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARIO F. GAZTAMBIDE

Mailing Address 208 AVE. PONCE DE LEON  
STE. 1426

City

SAN JUAN

State

PR

Zip Code

00918-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279027

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEO GECHT

Mailing Address 1101 AVENUE U

City

BROOKLYN

State

NY

Zip Code

11223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286769

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY GELLERT

Mailing Address 38330 LAKESHORE DR

City

HARRISON TOWNSHIP

State

MI

Zip Code

48045-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS CIS

Occupation

ADJUDICATION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268507

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARSON GENTRY, SR.

Mailing Address 1906 LOIRE VALLEY RD.

City

JOHNSON CITY

State

TN

Zip Code

37604-7632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266019

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. GENTZ

Mailing Address 4444 E CAMELBACK RD  
UNIT 20

City State Zip Code  
PHOENIX AZ 85018-2831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290998

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE F. GEORGE

Mailing Address 166 NW ANTELOPE LOOP

City State Zip Code  
LAKE CITY FL 32055-1138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283659

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PHILLIP T. GEORGE, M.D.

Mailing Address 120 ARVIDA PARKWAY

City State Zip Code  
CORAL GABLES FL 33156-2313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263946

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK GERHART

Mailing Address 177 JOAN DR.

City

COLLEGEVILLE

State

PA

Zip Code

19426-1959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOCIAL SECURITY ADMINISTR-  
ATION

Occupation

TECHNICAL EXPERT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261754

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARK GERHART

Mailing Address 177 JOAN DR.

City

COLLEGEVILLE

State

PA

Zip Code

19426-1959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOCIAL SECURITY ADMINISTR-  
ATION

Occupation

TECHNICAL EXPERT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263683

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS R. GERMAIN

Mailing Address 8 WYNDBROOK LANE

City

TYNGSBORO

State

MA

Zip Code

01879-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278357

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHEILA A. GERMAIN

Mailing Address 3519 S OCEAN BLVD

City

HIGHLAND BEACH

State

FL

Zip Code

33487-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264335

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY E. GERSH

Mailing Address 7428 WILSON TER

City

MORTON GROVE

State

IL

Zip Code

60053-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279059

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOYCE B. GETZEN

Mailing Address 65 WOODLAND LN.

City

ARCADIA

State

CA

Zip Code

91006-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275551

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address P.O. BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD S GRIFFITH

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268727

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVE GIBBS

Mailing Address 16035 121ST AVE.

City

JAMAICA

State

NY

Zip Code

11434-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275473

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVE GIBBS

Mailing Address 16035 121ST AVE.

City

JAMAICA

State

NY

Zip Code

11434-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292764

Amount of Each Receipt this Period

22.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

307.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARTHA P. GIESE

Mailing Address 20 FRAMINGHAM LANE

City

PITTSFORD

State

NY

Zip Code

14534-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279630

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ROSALIN A. GILBERT

Mailing Address 860 HILLWELL ROAD

City

CHESAPEAKE

State

VA

Zip Code

23322-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHESAPEAKE PUBLIC SCHOOLSOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297508

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. THELMA E. GILBERT

Mailing Address 860 HILLWELL ROAD

City

CHESAPEAKE

State

VA

Zip Code

23322-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297507

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HON. JOSEPH B. GILDENHORN

Mailing Address 2030 24TH STREET, N.W.

City

WASHINGTON

State

DC

Zip Code

20008-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281370

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EDWINA R. GILES

Mailing Address 16099 SEMINOLE BLVD

City

BROOKSVILLE

State

FL

Zip Code

34601-4340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275565

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. M. GILLESPIE

Mailing Address 108 CARTER OAKS DR

City

ANDERSON

State

SC

Zip Code

29621-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280361

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LUTHER R. GILLIAM

Mailing Address 36 FOXTAIL DR.

City

PORT DEPOSIT

State

MD

Zip Code

21904-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260849

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT GILLIES

Mailing Address 23822 HILLHURST DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-2237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271687

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAMERON GILREATH

Mailing Address 33 S. GORDON STREET

City

ALEXANDRIA

State

VA

Zip Code

22304-4929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIME WARNER

Occupation  
DIRECTOR, GLOBAL PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279182

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE J. GION

Mailing Address 9301 N 76TH ST APT 233

City

MILWAUKEE

State

WI

Zip Code

53223-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286020

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GEORGE J. GION

Mailing Address 9301 N 76TH ST APT 233

City

MILWAUKEE

State

WI

Zip Code

53223-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292722

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID GLADSTONE

Mailing Address 1161 CREST LANE

City

MCLEAN

State

VA

Zip Code

22101-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLADSTONE MANAGEMENT

Occupation  
INVESTMENTS/RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283833

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRIAN A. GLAESER

Mailing Address 410 BAYFRONT PL APT 2202

City

NAPLES

State

FL

Zip Code

34102-6465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269519

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BRIAN A. GLAESER

Mailing Address 410 BAYFRONT PL APT 2202

City

NAPLES

State

FL

Zip Code

34102-6465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273101

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRIAN S. GLASGOW

Mailing Address 333 WILLOW LOOP

City

CIBOLO

State

TX

Zip Code

78108-4298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

PERSONNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288816

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDSAY GLAZER

Mailing Address 17 HUSTED LANE

City

GREENWICH

State

CT

Zip Code

06830-4730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIGHLINE CAPITAL

Occupation

FINANCIAL SERVICES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287760

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARIANA H. GOBER

Mailing Address 2952 PEYTON DR.

City

COLUMBUS

State

GA

Zip Code

31903-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263034

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. GODSEY

Mailing Address P.O. BOX 1578

City

CROSSVILLE

State

TN

Zip Code

38558-1578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274862

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRUCE JOHN GOHMANN

Mailing Address 702 200TH ST

City

CLEARWATER

State

MN

Zip Code

55320-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEIDNER PLUMBING & HEATING

Occupation

MECHANICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283730

Amount of Each Receipt this Period

140.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY GOLDBERG

Mailing Address 29749 SHAKER BLVD

City

PEPPER PIKE

State

OH

Zip Code

44124-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286030

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GRADY C. GOLDEN, SR.

Mailing Address P.O. BOX 295

City

SHREVEPORT

State

LA

Zip Code

71162-0295

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUILDER SUPPLY COMPANY,  
INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267708

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. GOLDEN

Mailing Address 33 COLUMBIA AVE

City

STATEN ISLAND

State

NY

Zip Code

10305-3739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRUDENTIAL FINANCIAL, INC

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284797

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. FAY M. GOLDMAN

Mailing Address 240 SILVER TREE RD

City

GLEN DORA

State

CA

Zip Code

91741-6417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
COURT REPORTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266740

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REV. MARCOS J. GONZALEZ

Mailing Address 3768 GLENFELIZ BLVD

City

LOS ANGELES

State

CA

Zip Code

90039-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARCHDIOCESE OF LOS ANGELES

Occupation  
CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274347

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUANITA S. GOODE

Mailing Address 6422 HILYARD AVE

City

KLAMATH FALLS

State

OR

Zip Code

97603-6947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275519

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PRISCILLA A. GOODYEAR

Mailing Address 10042 SIGNET CIR.

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-6631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOMBARDI REALTYOccupation  
R. E. SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273144

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FEDERICO B. GORDO-GONZALEZ

Mailing Address P.O.BOX 16871

City

SAN JUAN

State

PR

Zip Code

00908-6871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279030

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3280.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NORMAN GORLYN

Mailing Address 150 MADISON AVENUE

City

ENGLEWOOD

State

NJ

Zip Code

07631-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297513

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACOBUS GORTER

Mailing Address 14328 CHENAL PARKWAY #25

City

LITTLE ROCK

State

AR

Zip Code

72211-5837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260692

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRICK GRADY

Mailing Address 271 GRAEMERE STREET

City

NORTHFIELD

State

IL

Zip Code

60093-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIG MEDIA SALES, LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258676

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT K. GRAHAM

Mailing Address 1740 DREXEL LAKE DR.

City

COLUMBIA

State

SC

Zip Code

29223-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260933

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. GRANDPRE

Mailing Address 606 SHOREWOOD DRIVE UNIT 508

City

CAPE CANAVERAL

State

FL

Zip Code

32920-5075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288831

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUG GRANE

Mailing Address 1527 BROOKHAVEN DR

City

MC LEAN

State

VA

Zip Code

22101-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAPTOR STRATEGIES LLC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270360

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CURTIS C. GRAVES

Mailing Address 8 OKEENA CV

City

JACKSON

State

TN

Zip Code

38305-8851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279043

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIANNE E. GRAY

Mailing Address 11479 DONA EVITA DR

City

STUDIO CITY

State

CA

Zip Code

91604-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264280

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN E. GREANEY, JR.

Mailing Address 7501 OLD AZTEC HWY.

City

FLORA VISTA

State

NM

Zip Code

87415-9631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN EQUIPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284108

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN ANN GREEN

Mailing Address 2408 SKYLINE PT.

City

JONESBORO

State

AR

Zip Code

72404-8079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267703

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. GREEN

Mailing Address 6426 E PRINTER UDELL

City

TUCSON

State

AZ

Zip Code

85710-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14261076

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. GREEN

Mailing Address 6426 E PRINTER UDELL

City

TUCSON

State

AZ

Zip Code

85710-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286129

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH R. GREENSLADE

Mailing Address 3660 BURKHOLM RD

City

MIMS

State

FL

Zip Code

32754-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K & T IND. INC.

Occupation

BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288538

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK J. GREEN

Mailing Address 141 GREENE AVENUE  
APARTMENT 1

City

BROOKLYN

State

NY

Zip Code

11238-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENERGY ANSWERS CORPORATION

Occupation

DEVELOPER RENEWABLE ENERGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279038

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM GREEN

Mailing Address 2408 SKYLINE PT

City

JONESBORO

State

AR

Zip Code

72404-8079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOC RADIOLOGISTS

Occupation

RADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267700

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MR. MALCOLM RUSSELL GREGORY, JR.

Mailing Address 3 HILLSIDE CT

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| AUSTIN | TX    | 78746-6436 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267818

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
JOSEPH E. GRIBAT

Mailing Address 12526 FEE FEE ROAD

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| ST. LOUIS | MO    | 63146-3808 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONTRACT TECH WRITEROccupation  
SECURITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281983

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MRS. ELIZABETH GRIEBEL

Mailing Address 505 W COLLINGWOOD CIR

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| PEORIA | IL    | 61614-2005 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264766

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY T. GRIFFITHS

Mailing Address 546 ERICH ST

City

WERNERSVILLE

State

PA

Zip Code

19565-9669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291076

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD S GRIFFITH

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284448

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD S GRIFFITH

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291230

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD S GRIFFITHOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291328

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS P. GRIFFIN

Mailing Address 4040 ALTAMONT RD.

City

BIRMINGHAM

State

AL

Zip Code

35213-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286695

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIS ALVA GRIGGERS

Mailing Address PO BOX 656

City

BYRON

State

GA

Zip Code

31008-0656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258481

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

540.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIS ALVA GRIGGERS

Mailing Address PO BOX 656

City

BYRON

State

GA

Zip Code

31008-0656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286862

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROSS GRIMES

Mailing Address P.O. BOX 10

City

EVERGREEN

State

CO

Zip Code

80437-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271851

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BARBARA M. GRIMM

Mailing Address 7158 BUENA VISTA ROAD

City

BAKERSFIELD

State

CA

Zip Code

93311-9425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRIMMWAY ENTERPRISESOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292411

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

31175.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DIETRICH M. GROSS

Mailing Address 769 MICHIGAN AVE  
SUITE 200City State Zip Code  
WILMETTE IL 60091-1956FEC ID number of contributing  
federal political committee.**C**Name of Employer  
JUPITER ALUMINUMOccupation  
CED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264282

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RAYMOND GROSSMAN

Mailing Address 11126 ELMVIEW PLACE

City State Zip Code  
GREAT FALLS VA 22066-3014FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HOULIHAN LOKEYOccupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281297

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LEA D. GROVES

Mailing Address 46 WHEEL WRIGHT CT

City State Zip Code  
GREENSBORO NC 27455-3447FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NONEOccupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288400

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3150.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY P. GRUEB

Mailing Address 1704 PARK RIDGE PT

City

PARK RIDGE

State

IL

Zip Code

60068-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269270

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VICTOR H. GRUTCHFIELD

Mailing Address 2409 130TH PL SE

City

EVERETT

State

WA

Zip Code

98208-6708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258334

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDRES GUILLEMARD

Mailing Address 1302 PONCE DE LEON AVENUE  
SUITE 302

City

SAN JUAN

State

PR

Zip Code

00907-3983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279131

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAFAEL GUILLERMETI MATIENZO

Mailing Address 8 CALLE BUCARE

City

SAN JUAN

State

PR

Zip Code

00913-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUILLERMETI & KELLY

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275642

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

D. G. GUMPERTZ

Mailing Address P.O. BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286273

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. GUMPERTZ

Mailing Address P.O. BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265128

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MAGNUS GUSTAFSSON

Mailing Address 253 PUTNAM RD

City

NEW CANAAN

State

CT

Zip Code

06840-6812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260756

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD GUTH

Mailing Address 5301 MATHEWS RD.

City

MIDDLETON

State

WI

Zip Code

53562-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279080

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL GUY

Mailing Address 3624 WILDWOOD DR.

City

ENDICOTT

State

NY

Zip Code

13760-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289438

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS JULIET HACHEY

Mailing Address 32943 HAMPSHIRE ST

City

WESTLAND

State

MI

Zip Code

48185-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268290

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES A. HADLEY

Mailing Address 541 MANORWOOD LN.

City

LOUISVILLE

State

CO

Zip Code

80027-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262698

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK E. HADLEY

Mailing Address 39 TENERIFE WAY

City

HOT SPRINGS

State

AR

Zip Code

71909-5439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269334

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. HAIT

Mailing Address 680 WEST END AVENUE  
APT 7A

City State Zip Code  
NEW YORK NY 10025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OPTIONMETRICS

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290753

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NATHAN HALE

Mailing Address 4066 HIDDEN VALLEY RD

City State Zip Code  
OROVILLE CA 95965-9148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283732

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES HALEY

Mailing Address 6623 W. MAIN STREET

City State Zip Code  
FRISCO TX 75034-4122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FRISCO AUTOMOTIVE

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14278996

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT E. HALEY

Mailing Address 4645 LA JOLLA DR

City

BRADENTON

State

FL

Zip Code

34210-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268582

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELLEN S. HALL

Mailing Address 142 ERNEST PASCHALL

City

DYER

State

TN

Zip Code

38330-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
NONE

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286016

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J. T. HALL

Mailing Address 134 VILLAGE WAY

City

CLARKSVILLE

State

TN

Zip Code

37043-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291092

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. O. B. GRAYSON HALL, JR.

Mailing Address 131 STONEGATE DRIVE

City

BIRMINGHAM

State

AL

Zip Code

35242-7055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGIONS FINANCIAL

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292460

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY J. HAMER, SR.

Mailing Address P.O. BOX 3608

City

MORGAN CITY

State

LA

Zip Code

70381-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIG FOOD ENTERPRISES LLC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281153

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KERN HAMILTON

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City

LOS GATOS

State

CA

Zip Code

95032-3568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265250

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS D. HAMILTON

Mailing Address 1505 ELM ST.

City

MORGAN CITY

State

LA

Zip Code

70380-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288140

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ROBERTA M. HAMLINGTON

Mailing Address 31 HOLLY LANE

City

CROSSVILLE

State

TN

Zip Code

38558-2854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268488

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HAMM

Mailing Address 3 LA COSTA WAY

City

PALM BEACH

State

FL

Zip Code

33480-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263666

Amount of Each Receipt this Period

175.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD F. HAMMACK

Mailing Address 2122 GOLDEN EAGLE DR. W

City

TALLAHASSEE

State

FL

Zip Code

32312-4036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288717

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. HAMMOND, III

Mailing Address 612 E. 13TH STREET

City

INDIANAPOLIS

State

IN

Zip Code

46202-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275645

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILTON N. HAMMOND

Mailing Address 3805 CRESTWOOD TER.  
# 410

City

FORT WORTH

State

TX

Zip Code

76107-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265296

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILTON N. HAMMOND

Mailing Address 3805 CRESTWOOD TER.  
# 410

City State Zip Code  
FORT WORTH TX 76107-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285853

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGRIT G. HANCHER

Mailing Address 508 OLD AUSTIN HWY. APT. 304

City State Zip Code  
BASTROP TX 78602-5105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260621

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGRIT G. HANCHER

Mailing Address 508 OLD AUSTIN HWY. APT. 304

City State Zip Code  
BASTROP TX 78602-5105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265691

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. HANDY

Mailing Address PO BOX 148

City

PATRICK SPRINGS

State

VA

Zip Code

24133-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275459

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERSELL L. HANKS

Mailing Address P.O. BOX 450968

City

GARLAND

State

TX

Zip Code

75045-0968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264757

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. J. D. HANKS, JR.

Mailing Address 39 HUNTINGTON RD

City

ROME

State

GA

Zip Code

30165-6661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269600

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSS HANLIN

Mailing Address 119 EAST UNION STREET STE C

City

PASADENA

State

CA

Zip Code

91103-3951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266733

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. COLIN HANNA

Mailing Address 603 FAIRWAY DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LET FREEDOM RINGOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287761

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID W. HANNA

Mailing Address 8105 IRVINE CENTER DRIVE #1170

City

IRVINE

State

CA

Zip Code

92618-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HANNA CAPITAL MANAGEMENT,  
INC.Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297506

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

31960.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City

STUDIO CITY

State

CA

Zip Code

91604-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14261232

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City

STUDIO CITY

State

CA

Zip Code

91604-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14273845

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA L. HANNA

Mailing Address 8105 IRVINE CENTER DRIVE  
SUITE 1170

City

IRVINE

State

CA

Zip Code

92618-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HANNA CAPITAL MGMT

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297519

Amount of Each Receipt this Period

19200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

19950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. QUADE HANSEN

Mailing Address 695 E 1220 N

City

OREM

State

UT

Zip Code

84097-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275500

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. HARD, JR.

Mailing Address 952 ECHO LN STE 120

City

HOUSTON

State

TX

Zip Code

77024-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAMES H. HARD, ATTY. AT  
LAW

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286685

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN H. HARDAWAY, II

Mailing Address P.O. BOX 1360

City

COLUMBUS

State

GA

Zip Code

31902-1360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276836

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1310.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN H. HARDAWAY, II

Mailing Address P.O. BOX 1360

City

COLUMBUS

State

GA

Zip Code

31902-1360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290996

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CARL D. HARE

Mailing Address 21 EDGEWATER DR

City

AMARILLO

State

TX

Zip Code

79106-4157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE NUNN COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270280

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD W. HARE

Mailing Address 12135 SWAN CREEK ROAD

City

SAGINAW

State

MI

Zip Code

48609-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275013

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PHILIP HARLAN

Mailing Address 4706 CANADY CT. SE

City

OLYMPIA

State

WA

Zip Code

98501-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KELLER WILLIAM REALTY OLYMPIA

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258654

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA HARLOE

Mailing Address 234 LYNN STREET

City

HARRINGTON PARK

State

NJ

Zip Code

07640-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WORLD FINES FOODS, INC.

Occupation

EXECUTIVE FOOD INDUSTRY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288684

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS L. HARPER

Mailing Address P.O. BOX 727

City

ESTILL

State

SC

Zip Code

29918-0727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278650

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD HARRISON

Mailing Address 13334 MODOC RD

City

WHITE CITY

State

OR

Zip Code

97503-9555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14291954

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City

BLOOMFIELD

State

CT

Zip Code

06002-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277019

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City

BLOOMFIELD

State

CT

Zip Code

06002-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288660

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK STEVEN HART

Mailing Address 701 8TH STREET, NW  
SUITE 500

City

WASHINGTON

State

DC

Zip Code

20001-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMS & JENSEN, PLLC

Occupation

CHAIRMAN &amp; C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267705

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LADSON F. HART

Mailing Address P.O. BOX 752

City

BREVARD

State

NC

Zip Code

28712-0752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LADSON F HART ATTORNEY AT  
LAW

Occupation

ATTORNEY AT LAW

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267424

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOUSTON H. HARTE

Mailing Address P.O. BOX 17424

City

SAN ANTONIO

State

TX

Zip Code

78217-0424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287729

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

30300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW T. HARVEY

Mailing Address 71 W BERRY WAY

City

QUEENSBURY

State

NY

Zip Code

12804-9407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258408

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD HASKELL

Mailing Address 926 NE 130TH TER

City

SILVER SPRINGS

State

FL

Zip Code

34488-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269757

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWARD HASKELL

Mailing Address 926 NE 130TH TER

City

SILVER SPRINGS

State

FL

Zip Code

34488-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292732

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE HASS

Mailing Address 40 E 80TH. ST. APT. 17A

City

NEW YORK

State

NY

Zip Code

10075-0590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAUL HASTINGS

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266115

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL C. HATHORN

Mailing Address 19819 SKYCOUNTRY LN.

City

HOUSTON

State

TX

Zip Code

77094-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277909

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. HAUG

Mailing Address 1577 CASTLEBURY DR

City

BATON ROUGE

State

LA

Zip Code

70815-6713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

CHEMICAL ENG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279996

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MAGALENE L. HAWKINS

Mailing Address 229 BENDELOW COURT

City

DELAWARE

State

OH

Zip Code

43015-1378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281811

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RUFUS L. HAYDEN

Mailing Address 508 N HIDALGO AVE

City

ALHAMBRA

State

CA

Zip Code

91801-2642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PERSONAL INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283997

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANN HAYS

Mailing Address 10 WOODBOX DR.

City

HENDERSON

State

TX

Zip Code

75652-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287577

Amount of Each Receipt this Period

85.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. N W W. HAYS

Mailing Address 7539 COUNTY RD. 372D

City

HENDERSON

State

TX

Zip Code

75654-9632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268073

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JULIE HAYWARD-BIGGS

Mailing Address 3403 10TH ST.  
STE. 300

City

RIVERSIDE

State

CA

Zip Code

92501-3659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BURKE WILLIAMS & SORENSEN  
LLP

Occupation  
ATTORNEY/EQUITY PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281166

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HON. NAN HAYWORTH

Mailing Address 214 MCLAIN STREET

City

MOUNT KISCO

State

NY

Zip Code

10549-4931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED STATES CONGRESS

Occupation  
MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279127

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

W DEAN HEATH

Mailing Address 2619 LUKAS CT. SE

City

ALBANY

State

OR

Zip Code

97322-5571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277026

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ALISA HEGYI

Mailing Address 245 PARK AVENUE 39TH FLOOR

City

NEW YORK

State

NY

Zip Code

10167-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273504

Amount of Each Receipt this Period

5800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MILDRED C. HEIDENBERGER

Mailing Address 8660 E HOLLAND RD

City

SAGINAW

State

MI

Zip Code

48601-9474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284811

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD E. HEIMARK

Mailing Address 1011 WEST ROAD

City

LA HABRA HEIGHTS

State

CA

Zip Code

90631-8692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIANGLE DIST. COMPANY

Occupation

BEER WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279465

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TREB N. HEINING

Mailing Address 20362 BAYVIEW AVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-0709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TAER INC

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284518

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LT. GEN. R. V. HEISER

Mailing Address 4104 LAS PALMAS WAY

City

SARASOTA

State

FL

Zip Code

34238-4532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264762

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

IRWIN HELFORD

Mailing Address 1 HUGHES CENTER DRIVE

City

LAS VEGAS

State

NV

Zip Code

89169-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292214

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER HENDRYX

Mailing Address 919 BOUCHER AVE

City

ANNAPOLIS

State

MD

Zip Code

21403-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORACLEOccupation  
SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290904

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRED L. HENDRYX

Mailing Address 1335 BLACKHORSE RUN

City

LEBANON

State

OH

Zip Code

45036-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293073

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

560.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EARL HENSLEY

Mailing Address 77 MAULDIN RD

City

QUITMAN

State

AR

Zip Code

72131-8925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287151

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK R. HERETH

Mailing Address 2269 E CHEROKEE DR.

City

WOODSTOCK

State

GA

Zip Code

30188-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GIBSONBURG HEALTH LLC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11.14281810

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBORAH HERMAN

Mailing Address 2665 S. BAYSHORE DR. #712

City

MIAMI

State

FL

Zip Code

33133-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FABRIC INNOVATIONS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270374

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY L. HERNANDO

Mailing Address 870 W 8TH ST

City

SAN PEDRO

State

CA

Zip Code

90731-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APOSTLESHIP OF THE SEA

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280525

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GREGORY M. HEROMAN

Mailing Address 711 COLONIAL DR  
STE D

City

BATON ROUGE

State

LA

Zip Code

70806-6549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258261

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES S. HERR

Mailing Address P.O. BOX 300

City

NOTTINGHAM

State

PA

Zip Code

19362-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERR FOODS, INC.

Occupation  
M.F.G.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292461

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHARON HERSCHEND

Mailing Address 1144 LAKESIDE DRIVE

City

BRANSON

State

MO

Zip Code

65616-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284806

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL H. HERSON

Mailing Address 8709 BURNING TREE RD

City

BETHESDA

State

MD

Zip Code

20817-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN DEFENSE INTERNAT-  
IONAL INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288636

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY J. HERTZ

Mailing Address 50389 US HIGHWAY 93

City

POLSON

State

MT

Zip Code

59860-7046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOODYS MARKET INC

Occupation  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14262096

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WARREN D. HESTON

Mailing Address 271 HIGH STREET

City

CHAGRIN FALLS

State

OH

Zip Code

44022-2558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEVELAND CLINIC

Occupation

RESEARCH SCIENIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262838

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. W. GLEN HICKS

Mailing Address 809 KENNON STREET

City

MINDEN

State

LA

Zip Code

71055-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266339

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STANLEY HIEB

Mailing Address 2235 10TH AVE SE

City

ABERDEEN

State

SD

Zip Code

57401-7390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266090

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY HIGGINS

Mailing Address 2160 APPIAN WAY  
STE 300

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| PINOLE | CA    | 94564-2571 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
REAL ESTATEOccupation  
CHIEF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281185

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN T. HILEMAN

Mailing Address 1812 NIBLICK CIR

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| LAS VEGAS | NV    | 89142-1836 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290598

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL J. HILFERTY

Mailing Address 220 CEDARBROOK ROAD

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| ARDMORE | PA    | 19003-1702 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AMERIHEALTH (AMFOC)Occupation  
PRESIDENT/ CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287740

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1165.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES W. HILL

Mailing Address 547 HOUSTON LANE

City

WOODBURY

State

TN

Zip Code

37190-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284067

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN D. HILL

Mailing Address 1520 CASTLE WALL STREET

City

LAS VEGAS

State

NV

Zip Code

89117-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALPORTLAND COMPANY

Occupation  
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286811

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MICHAEL HINES

Mailing Address 4208 LORCOM LN

City

ARLINGTON

State

VA

Zip Code

22207-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263404

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VAN D. HIPPI, JR.

Mailing Address 809 N. QUAKER LANE

City

ALEXANDRIA

State

VA

Zip Code

22302-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN DEFENSE INTERNAT-  
IONAL INC.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287782

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROLAND F. HIRSCH

Mailing Address 20458 WATERS POINT LN

City

GERMANTOWN

State

MD

Zip Code

20874-1091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US DEPT OF ENERGY

Occupation  
SCIENCE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286127

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PAUL HISS

Mailing Address 2285 GREEN VISTA DR

City

SPARKS

State

NV

Zip Code

89431-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273079

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. OLIVIA L. HOCKING

Mailing Address 225 20TH AVE NW

City

CENTER POINT

State

AL

Zip Code

35215-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277032

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TYLER HOEKE

Mailing Address 102 CHIPPENDALE CT

City

LOS GATOS

State

CA

Zip Code

95032-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAIN-WHITE AND COMPANY

Occupation  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292192

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MAFRED R. HOFFMAN

Mailing Address 3161 HUNTER PL.

City

WEST COVINA

State

CA

Zip Code

91791-3489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CACO PACIFIC CORP.

Occupation  
TOOL & MOLD MAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289971

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DIARMUID M. HOGAN

Mailing Address 555 FIFTH AVENUE

City

NEW YORK

State

NY

Zip Code

10017-2416

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GEP11 LLC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290946

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. HOGAN

Mailing Address 3207 THACKERY WAY

City

PLANT CITY

State

FL

Zip Code

33566-9545

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280224

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. HOHL

Mailing Address 4800 W 87TH ST

City

PRAIRIE VILLAGE

State

KS

Zip Code

66207-1848

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GALVIOR

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265650

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

835.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK HOHMANN

Mailing Address 30 WHITE LAKE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

H&H PRODUCTION MACHINING  
INC

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281155

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. HOHMANN, JR.

Mailing Address 457 SAVAGE FARM DR

City

ITHACA

State

NY

Zip Code

14850-6522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269596

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAN HOLLOWAY

Mailing Address P.O. BOX 1607

City

ALBANY

State

GA

Zip Code

31702-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MODERN GHS COMPANY, INC

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278290

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE D. HOLMES

Mailing Address 130 MARINA DR

City

BULLARD

State

TX

Zip Code

75757-9360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277205

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE D. HOLMES

Mailing Address 130 MARINA DR

City

BULLARD

State

TX

Zip Code

75757-9360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291081

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KLARA HOLZER

Mailing Address 299 ARGUELLO BOULEVARD  
APARTMENT 302

City

SAN FRANCISCO

State

CA

Zip Code

94118-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274410

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN E. HONEYCATT

Mailing Address 170 GLENWOOD ST.

City

MOBILE

State

AL

Zip Code

36606-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275573

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANE HOOKER

Mailing Address PO BOX 2049

City

ALBANY

State

TX

Zip Code

76430-8001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289441

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM HOOPER, JR.

Mailing Address PO BOX 1692

City

CONROE

State

TX

Zip Code

77305-1692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283663

Amount of Each Receipt this Period

650.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL E. HOPKINS

Mailing Address 168 VILLAGE LN

City

ROCHESTER

State

NY

Zip Code

14610-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277256

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. HOPPER

Mailing Address P.O. BOX 734

City

TAYLORVILLE

State

IL

Zip Code

62568-0734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286158

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARDS R. HOPPLE

Mailing Address 2300 EL PORTAL DRIVE  
UNIT 58

City

BAKERSFIELD

State

CA

Zip Code

93309-4282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258566

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARSHALL N. HORSMAN

Mailing Address 13887 RANGE CT.

City

AUBURN

State

CA

Zip Code

95602-8490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292450

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER D. HOUSE

Mailing Address 3316 WINDY OAKS DRIVE

City

PACE

State

FL

Zip Code

32571-9555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SARASOTA FIRE DEPT

Occupation  
FIREFIGHTER/PARAMEDIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290929

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HANNAH HOUSMAN

Mailing Address 1047 50TH. ST. APT. 2

City

BROOKLYN

State

NY

Zip Code

11219-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289808

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY E. HOVERSTEN

Mailing Address 802 HIGH ST.

City

WEBSTER CITY

State

IA

Zip Code

50595-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266434

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FREDERICK HOWARTH

Mailing Address 6077 BRISTOL PARKWAY

City

CULVER CITY

State

CA

Zip Code

90230-6627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INSURANCE AGENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270317

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

VICTOR N. HOWARD, SR.

Mailing Address 335 187TH ST

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266415

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
VICTOR N. HOWARD, SR.

Mailing Address 335 187TH ST

City State Zip Code  
NORTH MIAMI BEACH FL 33160-2410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293302

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD A. HOWLETT

Mailing Address 114 EDTIM ROAD  
APARTMENT 3

City State Zip Code  
SYRACUSE NY 13206-2714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. JEAN G. HUBBARD

Mailing Address 2618 E DEVON ST

City State Zip Code  
TUCSON AZ 85716-5506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262998

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH C. HUGHES

Mailing Address 107 COMMONS DR

City

LAFAYETTE

State

LA

Zip Code

70508-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289434

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM HUGHES

Mailing Address 122 N COVE DR

City

PEACHTREE CTY

State

GA

Zip Code

30269-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267058

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WALTER D. HUGHES

Mailing Address 33 ALTHEA AVE

City

TRENTON

State

NJ

Zip Code

08620-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMILTON TWP PUBLIC WORKS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SENIOR STOCK CLERK

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14270003

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT HUMBACH

Mailing Address 7473 S CURTICE CT

City

LITTLETON

State

CO

Zip Code

80120-3963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAKEVIEW TECH

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279041

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA E. HUMPHREYS

Mailing Address 1347 LAMAR SQUARE DR. APT. 201

City

AUSTIN

State

TX

Zip Code

78704-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOODWELL INP

Occupation

SALES CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264011

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA E. HUMPHREYS

Mailing Address 1347 LAMAR SQUARE DR. APT. 201

City

AUSTIN

State

TX

Zip Code

78704-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOODWELL INP

Occupation

SALES CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285695

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA E. HUMPHREYS

Mailing Address 1347 LAMAR SQUARE DR. APT. 201

City

AUSTIN

State

TX

Zip Code

78704-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOODWELL INP

Occupation

SALES CLERK

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292587

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TERRY L. HUNGERFORD

Mailing Address 107 BRAHM LOOP

City

LA GRANGE

State

TX

Zip Code

78945-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270381

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY L. HUNGERFORD

Mailing Address 107 BRAHM LOOP

City

LA GRANGE

State

TX

Zip Code

78945-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292386

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CLARICE HUNTER

Mailing Address 423 HALSEY ST. # 1

City

BROOKLYN

State

NY

Zip Code

11233-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270555

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JERRY HUNTER

Mailing Address 245 UNION BOULEVARD

City

ST. LOUIS

State

MO

Zip Code

63108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRYAN CAVE LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292404

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ALLEN HUSPETH

Mailing Address 211 KNOLLWOOD ST.

City

WINSTON SALEM

State

NC

Zip Code

27104-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276866

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. HUTSON, JR.

Mailing Address 64 BROAD ST

City

CHARLESTON

State

SC

Zip Code

29401-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288395

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY H. HUTTO, SR.

Mailing Address 221 MEADOWLINKS DRIVE

City

FORT GAINES

State

GA

Zip Code

39851-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260810

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD S. HYMAN

Mailing Address 40 WEST 57TH STREET  
ISI 18TH FLOOR

City

NEW YORK

State

NY

Zip Code

10019-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ISI

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287762

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3020.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 846

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID IBBETSON

Mailing Address 1275 70TH RD

City

YATES CENTER

State

KS

Zip Code

66783-5154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBBETSON BROTHERSOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279042

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NICK ILTSOPOULOS

Mailing Address P.O. BOX 1629

City

TITUSVILLE

State

FL

Zip Code

32781-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIDENT GROUPOccupation  
DIRECTOR, MARKETING OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281369

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES M. IRVING

Mailing Address P.O. BOX 6096

City

MC LEAN

State

VA

Zip Code

22106-6096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280913

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3060.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY IRVIN

Mailing Address P.O. BOX 93

City

TALLULAH FALLS

State

GA

Zip Code

30573-0093

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14276669

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES B. ISBELL

Mailing Address 1641 RESACA VLG

City

BROWNSVILLE

State

TX

Zip Code

78521-1408

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275451

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ROBERTA R. JACKOMIS

Mailing Address 11621 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066-1344

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

325.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275552

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

440.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KAREN I. JACKSON

Mailing Address 2503 SECTION AVENUE

City

STOCKTON

State

CA

Zip Code

95205-7895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283636

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM JAFFE

Mailing Address 5688 TOWER HILL CIR

City

ALEXANDRIA

State

VA

Zip Code

22315-5590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TAPE, LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280924

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW L. JAGODA, ESQ.

Mailing Address 14 PARADISE DRIVE

City

SCARSDALE

State

NY

Zip Code

10583-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KATTEN MUCHIN ROSENMAN LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289464

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

305.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. JAMES

Mailing Address 10116 ROSEDALE BAY CT. NW

City

GIG HARBOR

State

WA

Zip Code

98335-5609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266732

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR S. JAMISON

Mailing Address 1244 ARBOR RD  
# 501

City

WINSTON SALEM

State

NC

Zip Code

27104-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270827

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR S. JAMISON

Mailing Address 1244 ARBOR RD  
# 501

City

WINSTON SALEM

State

NC

Zip Code

27104-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270828

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS W. JASPER

Mailing Address 39 MANURSING AVENUE

City

RYE

State

NY

Zip Code

10580-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANSURSING PARTNERS LLC

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286825

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANCISCO JAUME

Mailing Address 1050 GAIL GARDNER WAY  
STE 100

City

PRESCOTT

State

AZ

Zip Code

86305-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14267481

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD M. JENKINS

Mailing Address 5412 LYKES LANE

City

TAMPA

State

FL

Zip Code

33611-4747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270376

Amount of Each Receipt this Period

12500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

13800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA JENKINS

Mailing Address 5412 LYKES LANE

City

TAMPA

State

FL

Zip Code

33611-4747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270377

Amount of Each Receipt this Period

12500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID E. JEREMIAH

Mailing Address 2890 MELANIE LN.

City

OAKTON

State

VA

Zip Code

22124-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14261394

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES JIRAL

Mailing Address 1617 WOODSTOCK CT.

City

CHESAPEAKE

State

VA

Zip Code

23320-0609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282385

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

13150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277029

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277974

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277975

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277976

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277977

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292521

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292522

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292523

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292524

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292526

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City

SUITLAND

State

MD

Zip Code

20746-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293085

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MILTON O. JOHNSTON

Mailing Address 19 E PALMER BND

City

SPRING

State

TX

Zip Code

77381-5405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293201

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD JOHNSON

Mailing Address 2183 RAINBOW RD

City

GALVA

State

KS

Zip Code

67443-8822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283707

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT M. JOHNSON

Mailing Address 210 DERBY GLEN LANE

City

BRENTWOOD

State

TN

Zip Code

37027-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286654

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLAN JONES

Mailing Address 201 KEITH ST. SW  
SUITE 80

City

CLEVELAND

State

TN

Zip Code

37311-5867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JONES MANAGEMENT

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292955

Amount of Each Receipt this Period

15400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BETTY M. JONES

Mailing Address 19950 HUEBNER RD APT 1301

City

SAN ANTONIO

State

TX

Zip Code

78258-3298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289440

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GREGORY JONES

Mailing Address PO BOX 998

City

VALDESE

State

NC

Zip Code

28690-0998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RADIATION ONCOLOGY, VALDE-  
SE HOSPITALOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275567

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JERRY HOLTON JONES

Mailing Address 821 EDEN CT.

City

ALEXANDRIA

State

VA

Zip Code

22308-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284123

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

975.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN PAUL JONES, JR.

Mailing Address 305 JEAN LAFITTE BLVD

City

FERNANDINA BEACH

State

FL

Zip Code

32034-2258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288804

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH A. JONES

Mailing Address 5709 EVERETT AVENUE

City

AMARILLO

State

TX

Zip Code

79106-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHNNYS EQUIP AND REPAIR

Occupation  
OFFICE MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269266

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL WALTON JONES

Mailing Address 12001 TURTLE BEACH RD

City

N PALM BEACH

State

FL

Zip Code

33408-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONIFER SECURITIES

Occupation  
FUND MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271553

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

755.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CONRAD ALLAN JORGENSON

Mailing Address 9491 CORAL CREST LANE

City

VIENNA

State

VA

Zip Code

22182-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283889

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ADEETI JOSHI

Mailing Address 8237 SANTA ROSA CT

City

SARASOTA

State

FL

Zip Code

34243-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292418

Amount of Each Receipt this Period

201.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GERALD W. JUERGENS

Mailing Address 750 SANTA BARBARA DR.

City

CLAREMONT

State

CA

Zip Code

91711-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292605

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2291.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN D. JUHAN

Mailing Address 2440 N COYOTE DR  
SUITE 121

City State Zip Code  
TUCSON AZ 85745-1255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDUSTRIAL RESOURCES, INC.

Occupation  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281184

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT JULEN

Mailing Address 1300 MAYNARD DR W

City State Zip Code  
SAINT PAUL MN 55116-2959

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIBLEY MANOR APARTMENTS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281157

Amount of Each Receipt this Period

185.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK JUNEAU

Mailing Address 920 AVENUE B

City State Zip Code  
MARRERO LA 70072-3112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14261527

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN JUSTUS

Mailing Address 4434 CEDAR ST

City

EUREKA

State

CA

Zip Code

95503-8901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDERSON,ROBINSON,STARKEY  
INSURANCEOccupation  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283681

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KARL KAIL

Mailing Address 85 EASTPOINT ROAD

City

MONTROSE

State

PA

Zip Code

18801-8174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292233

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY KANTOR

Mailing Address 15279 STONEWOOD COURT

City

BURNSVILLE

State

MN

Zip Code

55306-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE DUPONT COMPANYOccupation  
DATABASE MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258657

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HON. DAVID K. KARNES

Mailing Address 9639 OAK CIRLCE

City

OMAHA

State

NE

Zip Code

68124-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE FAIRMONT GROUP

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267707

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BLANCA KATONA

Mailing Address 346 NW 76TH. ST.

City

SEATTLE

State

WA

Zip Code

98117-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286194

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY G. KATSAS

Mailing Address 6442 LAKEVIEW DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22041-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JONES DAY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292956

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1565.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ADAM KATZ

Mailing Address P.O. BOX 222073

City

GREAT NECK

State

NY

Zip Code

11022-2073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277615

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CAMPBELL KAUFMAN

Mailing Address 300 INDEPENDENCE AVE., SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORNERSTONE

Occupation

GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270366

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL KAVINOKY

Mailing Address 713 10TH STREET SE

City

WASHINGTON

State

DC

Zip Code

20003-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNR DENTON

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288638

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. KEANE

Mailing Address 33 ELLSWORTH AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10312-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285100

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LEE KEARNEY

Mailing Address 7611 SE EVERGREEN HWY.

City

VANCOUVER

State

WA

Zip Code

98664-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275799

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRENCE R. KEELEY

Mailing Address 24 W 70TH ST  
APT 2

City

NEW YORK

State

NY

Zip Code

10023-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOVEREIGN TRENDS LLCOccupation  
MANAGING PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285665

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. KEELTY

Mailing Address 1011 WINDING WAY

City

BALTIMORE

State

MD

Zip Code

21210-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272329

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KERRY L. KEETON

Mailing Address 2715 FM 2554

City

IVANHOE

State

TX

Zip Code

75447-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14260300

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ARTHUR KEISER

Mailing Address 6069 NW 87TH AVENUE

City

PARKLAND

State

FL

Zip Code

33067-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEISER UNIVERSITY

Occupation  
CHANCELLOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287781

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JACQUELINE A. KEITH

Mailing Address 5602 LOCKWOOD RD.

City

CHEVERLY

State

MD

Zip Code

20785-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270539

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY E. KEITH-STOCKS

Mailing Address 72 GLENBROOK  
P.O. BOX 386

City

FISHER

State

IL

Zip Code

61843-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266835

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD M. KELLER

Mailing Address 2165 HAWKSRIDGE DR.

City

NAPLES

State

FL

Zip Code

34105-8530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269280

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD M. KELLER

Mailing Address 2165 HAWKSRIDGE DR.

City

NAPLES

State

FL

Zip Code

34105-8530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279443

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD M. KELLER

Mailing Address 2165 HAWKSRIDGE DR.

City

NAPLES

State

FL

Zip Code

34105-8530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14289071

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARION G. KELLER

Mailing Address 1411 CHAPEL HILL ROAD

City

MOUNTAINSIDE

State

NJ

Zip Code

07092-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263216

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY KELLER

Mailing Address P.O. BOX 25009

City

ASHEVILLE

State

NC

Zip Code

28813-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266148

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES J. KELLY

Mailing Address 980 SOUTHLAND DRIVE

City

YUBA CITY

State

CA

Zip Code

95991-6952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14261353

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID M. KELLY

Mailing Address 455 E 500 S STE 400

City

SALT LAKE CITY

State

UT

Zip Code

84111-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRECISION PLANNING INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258434

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

405.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City

ORLANDO

State

FL

Zip Code

32817-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268293

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City

ORLANDO

State

FL

Zip Code

32817-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277030

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City

ORLANDO

State

FL

Zip Code

32817-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292525

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS L. KEMPNER

Mailing Address 61 BROADWAY

City

NEW YORK

State

NY

Zip Code

10006-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOEB PARTNERS CORPORATION

Occupation

INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292426

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SPERO KESSARIS

Mailing Address 28128 RIDGETHORNE CT

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-3254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLC LABORATORIES INC.

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291428

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BALWINDER KHANGURA

Mailing Address 861 GRAY AVE  
STE M

City

YUBA CITY

State

CA

Zip Code

95991-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST MORTGAGE BANK

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288054

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

6300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALEX KHOWAYLO

Mailing Address 10 FOREST RIDGE RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266481

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HOWARD W. KIETZMAN, JR.

Mailing Address 2013 HIGH ST.

City

LEAVENWORTH

State

KS

Zip Code

66048-2169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280196

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. KILGORE

Mailing Address 2422 GLEN OAKS CT. NE

City

ATLANTA

State

GA

Zip Code

30345-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285487

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MEHMET KILIC

Mailing Address 535 FIFTH AVENUE  
6TH FLOORCity State Zip Code  
NEW YORK NY 10017-3620FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BROOKLYN AMITY SCHOOLOccupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292466

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES KIM

Mailing Address 6100 RED HOOK QTR #2 STE A 3-1

City State Zip Code  
ST THOMAS VI 00802-1348FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ALPINE SECURITIESOccupation  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273509

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JAIME KIM

Mailing Address 14044 34TH AVE

City State Zip Code  
FLUSHING NY 11354-3063FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14274457

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3620.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. KIM

Mailing Address 1111 S ARROYO PKWY  
STE 200

City State Zip Code  
PASADENA CA 91105-3297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CATALYST PHARMACEUTICAL  
RESEARCH

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279077

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHERER A. KIMBELL

Mailing Address 2612 HAWTHORNE DR

City State Zip Code  
AMARILLO TX 79109-1914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275484

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ALICE F. KINCAID

Mailing Address 702 EAGLE BEND RD.

City State Zip Code  
CLINTON TN 37716-3827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289548

Amount of Each Receipt this Period

507.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

657.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BETTY KINCAID

Mailing Address 9662 AZURE DR

City

LAS VEGAS

State

NV

Zip Code

89149-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14262394

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CHARICE KING

Mailing Address 13882 HEWES AVE

City

SANTA ANA

State

CA

Zip Code

92705-2778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270931

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET D. KING

Mailing Address 1103 PLOVER PLACE

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265156

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET D. KING

Mailing Address 1103 PLOVER PLACE

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285703

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET D. KING

Mailing Address 1103 PLOVER PLACE

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288351

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDALL KING

Mailing Address 11522 KINGFORD CT

City

MONTGOMERY

State

TX

Zip Code

77316-9643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENTERGY

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288572

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TOMMY KING

Mailing Address PO BOX 994

City

ABILENE

State

TX

Zip Code

79604-0994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN TRAILER EQUIP. &  
MFG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279047

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEAN KINGERY

Mailing Address 2021 MISTYWOOD LN

City

DENTON

State

TX

Zip Code

76209-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279001

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALBERT KINSEY

Mailing Address 25630 N KYLE CT.

City

LAKE ZURICH

State

IL

Zip Code

60047-7502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF EMPLOYED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290149

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

445.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN KIRKMALERS

Mailing Address 10685 LARSON LN

City

ROLLA

State

MO

Zip Code

65401-8108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14262187

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAY I. KISLAK

Mailing Address 7900 MIAMI LAKES DRIVE WEST

City

MIAMI LAKES

State

FL

Zip Code

33016-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. I. KISLAK, INC.

Occupation

REAL ESTATE INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270359

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT L. KISTNER

Mailing Address 126 WAILUPE CIR

City

HONOLULU

State

HI

Zip Code

96821-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290035

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KYLE R. KIZZIER

Mailing Address 901 7TH STREET NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20001-3883

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAVIGATORS GLOBAL

Occupation  
GOVT. RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270363

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

R. KLEIN

Mailing Address 63 BEETHOVEN AV

City State Zip Code  
WABAN MA 02468-1732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TREND SOFTWARE

Occupation  
INVSTR/ATTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290965

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SHAHIRA KNIGHT

Mailing Address 209 PENNSYLVANIA AVENUE

City State Zip Code  
FALLS CHURCH VA 22046-3241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FIDELITY INVESTMENTS

Occupation  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279130

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARMEN A. KORKIGIAN

Mailing Address 2635 COOLIDGE HWY

City

BERKLEY

State

MI

Zip Code

48072-1554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERSONAL HEALTH CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263707

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES ROBERT KRAUSE

Mailing Address 4615 RADER PASS

City

SAN ANTONIO

State

TX

Zip Code

78247-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277197

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES ROBERT KRAUSE

Mailing Address 4615 RADER PASS

City

SAN ANTONIO

State

TX

Zip Code

78247-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289993

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE F. KRAUS

Mailing Address 8010 NW ALDWICK AVE

City

LAWTON

State

OK

Zip Code

73505-4028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291859

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SHAWN KRAUSE

Mailing Address 3345 PARKLAND DRIVE

City

W BLOOMFIELD

State

MI

Zip Code

48322-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUICKEN LOANS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288639

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN R. KRAUSZER

Mailing Address 1065 BENTWATER DR

City

MONTGOMERY

State

TX

Zip Code

77356-8238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270173

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM KRAUSE

Mailing Address 1105 BURR OAKS DRIVE

City

WEST DES MOINES

State

IA

Zip Code

50266-6622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283188

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEON KRAVITZ

Mailing Address 112 FROSTRIDGE RD

City

MAGGIE VALLEY

State

NC

Zip Code

28751-8809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266523

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEON KRAVITZ

Mailing Address 112 FROSTRIDGE RD

City

MAGGIE VALLEY

State

NC

Zip Code

28751-8809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288737

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANUTA KRAWCZYK

Mailing Address 8317 247TH. ST.

City

BELLEROSE

State

NY

Zip Code

11426-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280235

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD KREUSER

Mailing Address 4622 SW SANTA BARBARA PL  
APT 208

City

CAPE CORAL

State

FL

Zip Code

33914-8386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258302

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHARON L. KROMHOLTZ

Mailing Address 1024 E BALDWIN AVENUE

City

SPOKANE

State

WA

Zip Code

99207-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293490

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CALVIN KURIMAI

Mailing Address 92 BRADLEY CORS. RD.

City

MADISON

State

CT

Zip Code

06443-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U S GOVERNMENT

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285473

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK C. LAFLIN

Mailing Address 10 VARDON RD

City

WEST HARTFORD

State

CT

Zip Code

06117-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261770

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BEVERLY LAIRD

Mailing Address 2851 S. VALLEY VIEW  
APARTMENT 1120

City

LAS VEGAS

State

NV

Zip Code

89102-0162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260961

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BEVERLY LAIRD

Mailing Address 2851 S. VALLEY VIEW  
APARTMENT 1120City State Zip Code  
LAS VEGAS NV 89102-0162FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284972

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID LALUM

Mailing Address 2602 N 14TH AVE APT 18

City State Zip Code  
TUCSON AZ 85705-0201FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270288

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARC S. LAMPKIN

Mailing Address 1640 DAVIDSON ROAD

City State Zip Code  
MC LEAN VA 22101-4306FEC ID number of contributing  
federal political committee.**C**Name of Employer  
QUINN GILLESPIE & ASSOCIA-  
TESOccupation  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287791

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEE CRUM LAMPTON

Mailing Address PO BOX 2401

City

JACKSON

State

MS

Zip Code

39225-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292467

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL G. LANCASTER

Mailing Address 1808 BELMONT ROD N.W. #2

City

WASHINGTON

State

DC

Zip Code

20009-5186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMCAST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

GOVERNMENT AFFAIRS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282200A

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

CHARGED BACK \$5,000.00 ON  
06/20/2011**C.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL G. LANCASTER

Mailing Address 1808 BELMONT ROD N.W. #2

City

WASHINGTON

State

DC

Zip Code

20009-5186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMCAST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

GOVERNMENT AFFAIRS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282200B

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS LANCASTER

Mailing Address 605 SAN ELIJO ST

City

SAN DIEGO

State

CA

Zip Code

92106-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287615

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CHARLED H. LANDAU

Mailing Address 4 HERMIT THRUSH

City

HILTON HEAD

State

SC

Zip Code

29926-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290916

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RENE PATRICK LANDRY

Mailing Address 219 BRICK ST.

City

BREAUX BRIDGE

State

LA

Zip Code

70517-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDONALD'S

Occupation  
MAINTENANCE MAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264264

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RENE PATRICK LANDRY

Mailing Address 219 BRICK ST.

City

BREAUX BRIDGE

State

LA

Zip Code

70517-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDONALD'S

Occupation

MAINTENANCE MAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286215

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BETTY LANE WINSLOW

Mailing Address PO BOX 42

City

HERTFORD

State

NC

Zip Code

27944-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275483

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE L. LANE

Mailing Address 266 MEADOWOOD DR

City

SPRINGVILLE

State

TN

Zip Code

38256-4488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258275

Amount of Each Receipt this Period

115.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CATHERINE S. LANEY

Mailing Address 1773 BUFFALO SHOALS RD.

City

LINCOLNTON

State

NC

Zip Code

28092-7203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269043

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BONNA F. LANGE

Mailing Address 285 SANDY LAKE CIR

City

FAYETTEVILLE

State

GA

Zip Code

30214-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271641

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BONNA F. LANGE

Mailing Address 285 SANDY LAKE CIR

City

FAYETTEVILLE

State

GA

Zip Code

30214-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287974

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD LANGLAIS

Mailing Address 10435 E. 132ND ST.

City

HASTINGS

State

MN

Zip Code

55033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277500

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. F. RICH LANGNER

Mailing Address PO BOX 18970

City

FOUNTAIN HILLS

State

AZ

Zip Code

85269-8970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCEPT DEVELOPMENT

Occupation  
PRESIDENT-CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292443

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MITCHELL R. LANGSTON

Mailing Address 24 CABLE CT

City

BRANDON

State

MS

Zip Code

39042-1996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FREDS INC

Occupation  
REGISTERED PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277553

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILLIP E. LANTZ

Mailing Address 2911 EDDINGTON TERRACE

City

ALEXANDRIA

State

VA

Zip Code

22302-3503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SYSTEMS PLANNING AND ANAL-  
YSIS, INC.

Occupation

CORPORATE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288649

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILLIP E. LANTZ

Mailing Address 2911 EDDINGTON TERRACE

City

ALEXANDRIA

State

VA

Zip Code

22302-3503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SYSTEMS PLANNING AND ANAL-  
YSIS, INC.

Occupation

CORPORATE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290794

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. LAROSE

Mailing Address 1340 N. GREAT NECK ROAD  
#1272-399

City

VIRGINIA BEACH

State

VA

Zip Code

23454-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MYTHICS INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285663

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHEILA LARSEN

Mailing Address P.O. BOX 155

City

GILLETTE

State

WY

Zip Code

82717-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TLC OIL TOOLS INC

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291690

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LEMUEL LARUE

Mailing Address 107 ALAN-A-DALE CIRCLE

City

DENTON

State

TX

Zip Code

76209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292529

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VALERIE LATELLA

Mailing Address 1455 WHIPPORWILL WAY

City

MOUNTAINSIDE

State

NJ

Zip Code

07092-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESSENTIAL COMPONENTS INC.

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14270020

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY J. LAVINE

Mailing Address 6808 HOLLISTON CIR

City

FAYETTEVILLE

State

NY

Zip Code

13066-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ATTORNEY

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273497

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANNE LAWRENCE

Mailing Address 2585 162ND RD

City

OXFORD

State

KS

Zip Code

67119-9044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
FARM

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275448

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BYRON H. LAWRENCE

Mailing Address 426 SPENCER AVE

City

LANCASTER

State

PA

Zip Code

17603-4933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263072

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUANITA L. LAWRENCE

Mailing Address 4637 NW 44TH CT

City

FORT LAUDERDALE

State

FL

Zip Code

33319-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277302

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DRAHOMIR LAZAR

Mailing Address 11556 CORTE PLAYA LAS BRISAS

City

SAN DIEGO

State

CA

Zip Code

92124-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN CORP.Occupation  
AEROSPACE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291310

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NGAI V. LE

Mailing Address 12602 SUNSWEPT AVE APT. 6

City

GARDEN GROVE

State

CA

Zip Code

92843-4429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265076

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NGAI V. LE

Mailing Address 12602 SUNSWEPT AVE APT. 6

City

GARDEN GROVE

State

CA

Zip Code

92843-4429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288031

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH C. LEAHY

Mailing Address 34175 SW PEAKS VIEW DR

City

HILLSBORO

State

OR

Zip Code

97123-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283666

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOYCE SHERROD LEE, M.D.

Mailing Address 225 S SOUTHPOINT ST.

City

DEPOE BAY

State

OR

Zip Code

97341-9663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAMARITAN HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271852

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

L. E. LEE

Mailing Address 415 S 1ST. ST.

City

LUFKIN

State

TX

Zip Code

75901-3869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283108

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN LEE

Mailing Address 1936 KAY DR.

City

LOS ALTOS

State

CA

Zip Code

94024-6930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTEL

Occupation

ENGINEER MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269644

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. STEPHANIE C. LEE

Mailing Address 13140 NOTRE DAME LN E

City

JACKSONVILLE

State

FL

Zip Code

32218-6759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY FL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283793

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MISS YUNG J. LEE

Mailing Address 909 BOREN AVE APT. 506

City

SEATTLE

State

WA

Zip Code

98104-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286479

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN B. LEEMING

Mailing Address 83 WHITNEY RD

City

HARVARD

State

MA

Zip Code

01451-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266731

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. LEFFELL

Mailing Address 35 SHELDRAKE ROAD

City

SCARSDALE

State

NY

Zip Code

10583-3409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287730

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOAN H. LEGATE

Mailing Address 251 W CALLE CANON DE FABER

City

GREEN VALLEY

State

AZ

Zip Code

85614-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264832

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. LEHMAN

Mailing Address 450 PARK AVENUE  
6TH FLOOR

City

NEW YORK

State

NY

Zip Code

10022-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JF LEHMAN AND CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283894

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOEL LEHRER

Mailing Address 1 DEGRAW AVENUE

City

TEANECK

State

NJ

Zip Code

07666-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHERN JERSEY ENT ASSOC-  
IATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279183

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD E. LEMERT

Mailing Address P.O. BOX 125

City

SANTA YSABEL

State

CA

Zip Code

92070-0125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279450

Amount of Each Receipt this Period

480.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEVIN F. LEMMER

Mailing Address 140 DOWNEY DRIVE

City

TENAFLY

State

NJ

Zip Code

07670-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENNANT CAPITAL MANAGEMENT

Occupation  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287757

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELVA B. LENDT

Mailing Address 3967 GRAPEFRUIT CIR.

City

LAS VEGAS

State

NV

Zip Code

89103-2269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291906

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1655.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN LEON, JR.

Mailing Address 630 LEUCADENDRA DRIVE

City

CORAL GABLES

State

FL

Zip Code

33156-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEON MEDICAL CENTERS, INC.

Occupation

PRESIDENT &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287783

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SIDNEY M. LERMAN

Mailing Address 31 EVERGREEN CIR.

City

MANHASSET

State

NY

Zip Code

11030-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEEKS-LERMAN GROUP LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273620

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CATHY A. LESHER

Mailing Address 4485 RAVENNA AVE SE

City

EAST CANTON

State

OH

Zip Code

44730-9730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D & K SUPPLY AND EQUIPMENT  
INC.

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283729

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

20500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LILLIAN LESTER

Mailing Address 461 HARBORVIEW DR.

City

PROSPERITY

State

SC

Zip Code

29127-9715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291005

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH LEUCI

Mailing Address 889 HARRISON AVE

City

RIVERHEAD

State

NY

Zip Code

11901-2090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274331

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. C. LEVENS

Mailing Address P.O. BOX 9

City

WATER VALLEY

State

TX

Zip Code

76958-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OIL PRODUCER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268464

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALICIA LEVINE

Mailing Address 3507 BAYSHORE BLVD. UNIT 603

City

TAMPA

State

FL

Zip Code

33629-8917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280692

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DANIEL LEVIN

Mailing Address 31 DIX RD EXT

City

WOBURN

State

MA

Zip Code

01801-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14261832

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DANIEL LEVIN

Mailing Address 31 DIX RD EXT

City

WOBURN

State

MA

Zip Code

01801-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279678

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANIEL LEVIN

Mailing Address 31 DIX RD EXT

City

WOBURN

State

MA

Zip Code

01801-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290089

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT A. LEVIN

Mailing Address 724 E GRINNELL DR

City

BURBANK

State

CA

Zip Code

91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF JUSTICE OF THE ST-  
ATE OF CA

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277005

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOANNE LEVY

Mailing Address 8712 CARLITAS JOY CT

City

LAS VEGAS

State

NV

Zip Code

89117-3536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEVY REALTY CO

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292371

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER B. LEVY

Mailing Address 551 FIFTH AVENUE

City

NEW YORK

State

NY

Zip Code

10176-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KAMBER MANAGEMENT CO., LLC

Occupation

MANAGING MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287771

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER N. LEVY

Mailing Address 11201 ROBERT CARTER RD.

City

FAIRFAX STATION

State

VA

Zip Code

22039-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PIPER RUDNICK

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297509

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOYLE B. LEWIS

Mailing Address 7920 RODEO TRL  
STE 220

City

MANSFIELD

State

TX

Zip Code

76063-3079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIAX MANUFACTURING

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281891

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

7800.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MR. JEFFREY LEWISMailing Address 50 E 79 ST  
2ACity State Zip Code  
NEW YORK NY 10075-0232FEC ID number of contributing  
federal political committee.**C**Name of Employer  
GUGGENHEIM PARTNERSOccupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258735

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MR. LARRY A. LEWIS

Mailing Address 3612 CHESHIRE RD.

City State Zip Code  
BIRMINGHAM AL 35242-3147FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279062

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MR. DONALD LEYH

Mailing Address 64216 COUNTY HIGHWAY 48

City State Zip Code  
BERTHA MN 56437-1059FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LAKEWOOD HEALTHOccupation  
HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14276798

Amount of Each Receipt this Period

240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROY C. LILJEBECK

Mailing Address 358 W LAKE SAMMAMISH PKWY NE

City

BELLEVUE

State

WA

Zip Code

98008-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288803

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. LINDELL, JR.

Mailing Address 1225 REDFIELD RDG.

City

DUNWOODY

State

GA

Zip Code

30338-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281284

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL H. LINDNER

Mailing Address 8555 SHAWNEE RUN ROAD

City

CINCINNATI

State

OH

Zip Code

45243-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN FINANCIAL GROUP

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292962

Amount of Each Receipt this Period

23300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

24050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL H. LINDNER, III

Mailing Address 9450 WHITEGATE LANE

City

CINCINNATI

State

OH

Zip Code

45243-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN FINANCIAL CORPOR-  
ATION

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292961

Amount of Each Receipt this Period

25800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KEITH E. LINDNER

Mailing Address 534 PONTE VEDRA BLVD.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHIKUITA BRANDS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292963

Amount of Each Receipt this Period

25800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH LINDSEY

Mailing Address 3625 10TH ST N UNIT 203

City

ARLINGTON

State

VA

Zip Code

22201-4456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US GOVERNMENT

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261882

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

51625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARJORIE R. LINDSEY

Mailing Address 10202 DUTCH IRIS DR

City

BAKERSFIELD

State

CA

Zip Code

93311-3770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265576

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS C. LINDSAY, SR.

Mailing Address 2515 CARROLLTON RD

City

ANNAPOLIS

State

MD

Zip Code

21403-4202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265854

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY M. LIPPMAN

Mailing Address 233 BRUSH CREEK RD

City

DUNLOW

State

WV

Zip Code

25511-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289243

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SARAH K. LIPSETT

Mailing Address P.O. BOX 60712

City

SAN ANGELO

State

TX

Zip Code

76906-0712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

CATTLE AND GOAT RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14274036

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J. PHILLIP LONDON

Mailing Address 1100 N. GLEBE ROAD

City

ARLINGTON

State

VA

Zip Code

22201-5798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CACI INTERNATIONAL

Occupation

EXEC CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281373

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLYDE A. LONG

Mailing Address 12301 PROSPECT LNDG.

City

BOWIE

State

MD

Zip Code

20721-2532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272469

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 846

(check only one)

|  |                              |                              |                             |                             |                             |                             |                             |                             |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN LORD

Mailing Address 109 PEPPERTREE LN

City

ENCINITAS

State

CA

Zip Code

92024-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SML ASSOCIATESOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14260935

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MANUEL R. LORENZO

Mailing Address 2355 AKRON ST

City

DENVER

State

CO

Zip Code

80238-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288721

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JEFF LOVENG

Mailing Address 1901 PENNSYLVANIA AVENUE  
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20006-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VANDOR STRATEGIESOccupation  
GOVERNMENT AFFAIRS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270373

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1090.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS L. LOWERY

Mailing Address 2007 GOLDEN POND DR

City

KINGWOOD

State

TX

Zip Code

77345-1653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARBOR AMERICA

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271924

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. LOWN

Mailing Address 5 PLYMOUTH NE

City

GRAND RAPIDS

State

MI

Zip Code

49503-3836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283738

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDALL K. LOWRY

Mailing Address 15914 RATHLIN CT

City

SPRING

State

TX

Zip Code

77379-6887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION GAS CORPORATION

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274224

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RANDALL K. LOWRY

Mailing Address 15914 RATHLIN CT

City  
SPRING

State

TX

Zip Code

77379-6887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION GAS CORPORATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292217

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMIE LOWSKY

Mailing Address 2600 ISLAND BLVD APT 201

City  
AVENTURA

State

FL

Zip Code

33160-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRIDE FAMILY BRANDS

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277065

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

IRA M. LUBERT

Mailing Address 2929 ARCH STREET  
13TH FLOOR

City

PHILADELPHIA

State

PA

Zip Code

19104-2857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUBERT-ADLER

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292436

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JON M. LUBERT

Mailing Address 341 SOUTH 18TH STREET

City

PHILADELPHIA

State

PA

Zip Code

19103-6627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286826

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOEL P. LUERA

Mailing Address 3131 HOMESTEAD RD  
APT 9J

City

SANTA CLARA

State

CA

Zip Code

95051-5427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUPREME GROOMING SERV.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266749

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT H. LUSK

Mailing Address 6408 SAN ARDO CT.

City

CAMARILLO

State

CA

Zip Code

93012-8825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284066

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT H. LUSK

Mailing Address 6408 SAN ARDO CT.

City

CAMARILLO

State

CA

Zip Code

93012-8825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14285442

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KARL LUST

Mailing Address 1880 SE FEDERAL HWY

City

STUART

State

FL

Zip Code

34994-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263410

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JAMES LUTZ

Mailing Address 4 LANCASTER CT

City

WESTAMPTON

State

NJ

Zip Code

08060-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280216

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

285.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN LYNE

Mailing Address 17619 N. CALICO DRIVE

City

SUN CITY

State

AZ

Zip Code

85373-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265273

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JAN MABRY

Mailing Address 10430 INDIAN TRAILS RANCH RD

City

LOWELL

State

AR

Zip Code

72745-8563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY M. MACKINNON

Mailing Address 3753 OLIVER STREET NW

City

WASHINGTON

State

DC

Zip Code

20015-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RYAN, MACKINNON, VASAPOLIOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275640

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5075.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HENRY MADLEY

Mailing Address 3648 62ND AVE E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274134

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY A. MADLEY

Mailing Address 3648 62ND AVE. E

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284520

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDITH MAGEE

Mailing Address 255 LONE STAR RD.

City

COLLINS

State

MS

Zip Code

39428-6171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291285

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH W. MAHONEY, JR.

Mailing Address 733 WAVERLY ROAD

City

BRYN MAWR

State

PA

Zip Code

19010-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHL CHAMBER OF COMMERCE

Occupation

EXECUTIVE VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286821

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK F. MAHONEY

Mailing Address 13 CANAAN RIDGE RD

City

CHRISTIANSTED

State

VI

Zip Code

00850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENERGY ANSWERS

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279039

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. MALLIRIS

Mailing Address 325 HUNTZINGER ROAD

City

WERNERSVILLE

State

PA

Zip Code

19565-9717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KB ALLOYS, LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286814

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM CHARLES MALOID, JR.

Mailing Address 12366 AXLINE RD.

City

LOVETTSVILLE

State

VA

Zip Code

20180-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287048

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. M ELIZABETH MANI

Mailing Address 3009 N BALLAS ROAD  
SUITE 250C

City

SAINT LOUIS

State

MO

Zip Code

63131-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288056

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LORNA M. MANSFIELD

Mailing Address 1954 MAGNOLIA WAY

City

WALNUT CREEK

State

CA

Zip Code

94595-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

954.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289829

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN MANVEL

Mailing Address 1905 SANDS DR

City

ANNAPOLIS

State

MD

Zip Code

21409-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NAVAL ACADEMY

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285484

Amount of Each Receipt this Period

630.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN MARCELLUS

Mailing Address 121 KENWOOD AVE

City

ONEIDA

State

NY

Zip Code

13421-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14285018

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. MARCHEI, JR.

Mailing Address 210 TONICA SPRING TRL.

City

MANCHESTER

State

CT

Zip Code

06040-6789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293140

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUBIN MARGULES

Mailing Address 20 OCEAN COURT

City

BROOKLYN

State

NY

Zip Code

11223-6054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARM MANAGEMENT

Occupation

REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283996

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN MARIN

Mailing Address 16155 SW 117 AVENUE  
SUITE B-21

City

MIAMI

State

FL

Zip Code

33177-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARIN AND SONS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290739

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY MARIOTT

Mailing Address 209 ROCK PRAIRIE RD

City

COLLEGE STATION

State

TX

Zip Code

77845-8796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARIOTT HOMES INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14281350

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. MARKOFF

Mailing Address 54 WILKESHIRE BLVD

City

RANDOLPH

State

NJ

Zip Code

07869-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RANDOLPH ORAL SURGERY CTR

Occupation

ORAL SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289447

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ANTHONY M. MARLON

Mailing Address 9025 GREENSBORO LANE

City

LAS VEGAS

State

NV

Zip Code

89134-0501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEMINI INVESTMENT HOLDINGS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285662

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN L. MARQUARDT

Mailing Address 116 ANDROS RD

City

KEY LARGO

State

FL

Zip Code

33037-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290044

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES N. MARSHALL

Mailing Address 1040 W. SCHUYLKILL ROAD

City

POTTSTOWN

State

PA

Zip Code

19465-7332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279033

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DARCY C. MARSHALL

Mailing Address 7158 BUENA VISTA ROAD

City

BAKERSFIELD

State

CA

Zip Code

93311-9425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292410

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. MARTIN

Mailing Address 21010 OAKLEY HILL CT

City

RICHMOND

State

TX

Zip Code

77406-7058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265507

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

35845.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. MARTIN

Mailing Address 21010 OAKLEY HILL CT

City

RICHMOND

State

TX

Zip Code

77406-7058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270262

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. MARTIN

Mailing Address 14111 W YOSEMITE DR.

City

SUN CITY WEST

State

AZ

Zip Code

85375-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274814

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERROLD MARTIN

Mailing Address 17 MOSSOAK DR. APT. 3

City

DAYTON

State

OH

Zip Code

45429-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282220

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL MARTINO

Mailing Address 329 MARIOMI ROAD

City

NEW CANAAN

State

CT

Zip Code

06840-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASON CAPITAL MANAGEMENT

Occupation

FOUNDER AND PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287764

Amount of Each Receipt this Period

15400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL MARTIN

Mailing Address 167 EAST 82ND STREET

City

NEW YORK

State

NY

Zip Code

10028-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANK OF AMERICA

Occupation

TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288573

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA KIMBALL MARTIN

Mailing Address 803 WILLOW HILLS LN

City

PROSPECT HEIGHTS

State

IL

Zip Code

60070-2581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287819

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

16500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER L. MARTIN

Mailing Address 916 TIMBERWOLF TRAIL

City

JACKSONVILLE

State

AR

Zip Code

72076-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267729

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER L. MARTIN

Mailing Address 916 TIMBERWOLF TRAIL

City

JACKSONVILLE

State

AR

Zip Code

72076-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290682

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM O. MARTIN

Mailing Address 4408 SW HOLLY LN

City

TOPEKA

State

KS

Zip Code

66604-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260379

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BUDIMIR MATEK

Mailing Address 2415 RUE LE CHARLENE

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-6360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280552

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL PAUL MATEY

Mailing Address 425 KREWSON TERRACE

City

WILLOW GROVE

State

PA

Zip Code

19090-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14282195

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILL MATHIS

Mailing Address PO BOX 2724

City

HOUSTON

State

TX

Zip Code

77252-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLAZIER FOODS COMPANY

Occupation  
FOOD DISTRIBUTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14260097

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LAEL W. MATHIS

Mailing Address 11620 COURT OF PALMS APT. 502

City

FORT MYERS

State

FL

Zip Code

33908-6566

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277243

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. MATHIOWETZ

Mailing Address 30817 COUNTY ROAD 24

City

SLEEPY EYE

State

MN

Zip Code

56085-4361

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264531

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY E. MATHWIG

Mailing Address 1640 E. 78TH STREET

City

RICHFIELD

State

MN

Zip Code

55423-4645

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
METRO SALES INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275474

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL O. MATTHEWS

Mailing Address 10397 PASADENA CIRCLE

City

EL PASO

State

TX

Zip Code

79924-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269282

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GERALD T. MATTHEWS

Mailing Address 210 VALLEY VW

City

POMPTON PLAINS

State

NJ

Zip Code

07444-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260850

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GERALD T. MATTHEWS

Mailing Address 210 VALLEY VW

City

POMPTON PLAINS

State

NJ

Zip Code

07444-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14262147

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BETTY C. MAULER

Mailing Address 2525 POT SPRING RD UNIT L525

City

LUTHERVILLE TIMONI

State

MD

Zip Code

21093-2872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269046

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY M. MAURER

Mailing Address 2507 N. VERNON ST.

City

ARLINGTON

State

VA

Zip Code

22207-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPS

Occupation  
PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270370

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JULIA A. MAYER

Mailing Address 1506 N WOODLAWN AVE

City

SAINT LOUIS

State

MO

Zip Code

63122-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279063

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY J. MC AULLIF

Mailing Address 4808 EVERGREEN WAY

City

EVERETT

State

WA

Zip Code

98203-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HYUNDAI OF EVERETT

Occupation

AUTO DEALER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275292

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA CONEY MC CARTHY

Mailing Address 5910 HORSEMAN'S CANYON DR. APT.

City

WALNUT CREEK

State

CA

Zip Code

94595-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260644

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN K. MC COTTER

Mailing Address 239 ROCKLYN AVE

City

LYNBROOK

State

NY

Zip Code

11563-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEARS HOLDINGS

Occupation

STOCKBOY SALES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288724

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL W. MC CONNELL, JR.

Mailing Address 27 BAINBRIDGE DR

City

CHARLESTON

State

SC

Zip Code

29407-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280642

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GARY MC CRACKEN

Mailing Address 14275 N 87TH ST  
# 110

City

SCOTTSDALE

State

AZ

Zip Code

85260-3696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263700

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARMEN C. MC REYNOLDS

Mailing Address 4576 KILARNEY CIR.

City

SANTA ROSA

State

CA

Zip Code

95403-0109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282786

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NANCY J. MC VICAR

Mailing Address 715E ESPADA DR

City

EL PASO

State

TX

Zip Code

79912-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266219

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NANCY J. MC VICAR

Mailing Address 715E ESPADA DR

City

EL PASO

State

TX

Zip Code

79912-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285107

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JANIE MCAFEE

Mailing Address 4779 SHADY GROVE RD

City

MORRISON

State

TN

Zip Code

37357-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290530

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

P MCALISTER

Mailing Address MONTROSE BLVD APT 1206

City

HOUSTON

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292515

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FAITH E. MCCALLUM

Mailing Address 218 W CLEVELAND AVE

City

SPOKANE

State

WA

Zip Code

99205-3139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282072

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. WANDA D. MCCALL

Mailing Address 1833 LAUREL RIDGE DR

City

NASHVILLE

State

TN

Zip Code

37215-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

325.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289452

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. MCCANDLESS

Mailing Address 3784 GRATIOT AVE

City

PORT HURON

State

MI

Zip Code

48060-1591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269916

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. MCCLINTOCK

Mailing Address 4852 MOUNT LA PALMA DR.

City

SAN DIEGO

State

CA

Zip Code

92117-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14273710

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DONNA B. MCCLURE

Mailing Address 1120 WINNIE WAY

City

LATROBE

State

PA

Zip Code

15650-9080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268436

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY B. MCCLURE

Mailing Address 1996 TOURNAMENT DRIVE

City

APOPKA

State

FL

Zip Code

32712-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14278589

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN G. MCCUNE

Mailing Address 7373 E. 29TH ST. N.

City

WICHITA

State

KS

Zip Code

67226-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14261659

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. MCCUNE

Mailing Address 3791 RAGTIME CIRCLE

City

HUNTINGTON BEACH

State

CA

Zip Code

92649-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260575

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID MCDANIEL

Mailing Address 1803 ENGLISH OAK CT

City

GREENVILLE

State

NC

Zip Code

27858-8421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269199

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERRY F. MCDONNELL

Mailing Address 200 GOLDEN OAK CT  
STE 250

City

VIRGINIA BEACH

State

VA

Zip Code

23452-8501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORFOLK BANANA DISTRIBUTO-  
RS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297510

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

H. BRUCE MCEVER

Mailing Address 198 WEATOGUE ROAD

City

SALISBURY

State

CT

Zip Code

06068-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297514

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REGGIE MCFARLAND

Mailing Address 407 HIGHWAY 229

City

SOCIAL CIRCLE

State

GA

Zip Code

30025-5136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TELRITE

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292305

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NELSON B. MCGEE

Mailing Address 810 E RIVERSIDE AVE

City

SAN ANGELO

State

TX

Zip Code

76905-7840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277458

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CAROL MCGHEE

Mailing Address 600 ELLIOTT DR.

City

PASADENA

State

CA

Zip Code

91106-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274812

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH M. MCGIRR

Mailing Address 218 N NEW STREET

City

STAUNTON

State

VA

Zip Code

24401-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292824

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

POWELL MCHENRY

Mailing Address 2854 COUNTRY WOODS LN.

City

CINCINNATI

State

OH

Zip Code

45248-5038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264503

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DON K. MCINTOSH

Mailing Address 3810 PRINCETON WAY

City

MEDFORD

State

OR

Zip Code

97504-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268904

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK B. MCKEE

Mailing Address 35 FREDERICK LN.

City

SAINT LOUIS

State

MO

Zip Code

63122-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272738

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA A. MCKEE

Mailing Address 3272 GEORGIAN CT.

City

ERIE

State

PA

Zip Code

16506-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265657

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDWARD T. MCKENNEY

Mailing Address PO BOX 359

City

WOODBURN

State

OR

Zip Code

97071-0359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEM EQUIPMENT OF OREGON  
INC

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281172

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. MCKINLEY

Mailing Address 10 KENWOOD PLACE

City

WHEELING

State

WV

Zip Code

26003-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCKINLEY CARTER WEALTH SE-  
RVICES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292427

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICKY B. MCKINNERNEY

Mailing Address 100 W. COYOTE TRAIL

City

RICHLAND SPRINGS

State

TX

Zip Code

76871-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REALTOR, FARMER & RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283670

Amount of Each Receipt this Period

330.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH J. MCLAUGHLIN, JR.

Mailing Address 60 INDIAN SPRING ROAD

City

MEDIA

State

PA

Zip Code

19063-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARVERFORD TRUST COMPANY

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292429

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA MCLAURIN

Mailing Address 99 W 37TH. ST.

City

BAYONNE

State

NJ

Zip Code

07002-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARNACO

Occupation

SENIOR DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271410

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA MCLAURIN

Mailing Address 99 W 37TH. ST.

City

BAYONNE

State

NJ

Zip Code

07002-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARNACO

Occupation

SENIOR DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288740

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD D. MCLEISTER

Mailing Address 850 DAY VALLEY RD

City

APTOS

State

CA

Zip Code

95003-9726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279049

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BURTON MCPHEETERS

Mailing Address 23998 S MCPHEETERS RD

City

GOTHENBURG

State

NE

Zip Code

69138-9351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263519

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GUY MCROBERTS

Mailing Address 9137 MCNOUN RD

City

WINCHESTER

State

OH

Zip Code

45697-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14262889

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ALISON H. MCCLARROW

Mailing Address 6551 KRISTINA URSULA COURT

City

FALLS CHURCH

State

VA

Zip Code

22044-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCLARROW CONSULTINGOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287732

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5275.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN B. MEADE, JR.

Mailing Address 1500 WESTBROOK CT  
APT 3144

City State Zip Code  
RICHMOND VA 23227-3373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DAVENPORT & CO. LLC

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260591

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

W C. MEBANE

Mailing Address 305 COLONIAL DR

City State Zip Code  
WILMINGTON NC 28403-1207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14285383

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. AUSTIN A. MEEHAN

Mailing Address 402 NEWBOLD ROAD

City State Zip Code  
JENKINTOWN PA 19046-2851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.L.S.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286818

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENA MEEK

Mailing Address 560 DIAMOND POINT DR

City

LITTLE ELM

State

TX

Zip Code

75068-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLG HEDGE FUND LLC

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289636

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ANEASE MEIER

Mailing Address 4217 RIVER BND.

City

SAN ANGELO

State

TX

Zip Code

76903-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283345

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ANEASE MEIER

Mailing Address 4217 RIVER BND.

City

SAN ANGELO

State

TX

Zip Code

76903-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290920

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARIO MELE

Mailing Address 1240 PINETOWN ROAD

City

FT. WASHINGTON

State

PA

Zip Code

19034-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIDELIO-DENTAL INSURANCE  
COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286812

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FATHER JOE A. MENDES

Mailing Address 113 GLOSTER RD. NW

City

LAWRENCEVILLE

State

GA

Zip Code

30044-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PAROCHIAL ULCAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288657

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FATHER JOE A. MENDES

Mailing Address 113 GLOSTER RD. NW

City

LAWRENCEVILLE

State

GA

Zip Code

30044-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PAROCHIAL ULCAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288829

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1045.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SANTIAGO MENDEZ

Mailing Address P.O. BOX 516

City

ANASCO

State

PR

Zip Code

00610-0516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290059

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY W. MENZIES

Mailing Address 7635 TRILLIUM BLVD

City

SARASOTA

State

FL

Zip Code

34241-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11.14281821

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. R. MERCER

Mailing Address 11 BERKSHIRE

City

TRABUCO CANYON

State

CA

Zip Code

92679-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SC FUELS

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271648

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIM D. MESSERLEY

Mailing Address 136 W ELIZABETH ST

City

HARRISONBURG

State

VA

Zip Code

22802-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COIN & GIFT SHOP

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275521

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM MESTERHAZY

Mailing Address 7555 BESSEMER AVE

City

CLEVELAND

State

OH

Zip Code

44127-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COCHEM INC

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290596

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ALICE L. METZ

Mailing Address 446 BRAD AVE

City

WASHINGTON

State

PA

Zip Code

15301-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290045

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ALICE L. METZ

Mailing Address 446 BRAD AVE

City

WASHINGTON

State

PA

Zip Code

15301-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290095

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEFF MICHAELI

Mailing Address 15 TIFFANY DR

City

DANBURY

State

CT

Zip Code

06811-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292513

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EDWARD C. MICHAUD

Mailing Address 12 HIGHLAND STREET

City

WESTON

State

MA

Zip Code

02493-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
ORTHODONTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284110

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. J. CHIP MIKELL

Mailing Address 4305 S SIWELL RD

City

JACKSON

State

MS

Zip Code

39212-6214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269376

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H MILBARTH

Mailing Address 5200 SW 25TH. BLVD. UNIT 3221

City

GAINESVILLE

State

FL

Zip Code

32608-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269485

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H MILBARTH

Mailing Address 5200 SW 25TH. BLVD. UNIT 3221

City

GAINESVILLE

State

FL

Zip Code

32608-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288749

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. MILLARD

Mailing Address 7108 N FORDYCE RD

City

FARWELL

State

MI

Zip Code

48622-9217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283712

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CRAIG R. MILLER

Mailing Address 446 WHEAT BERRY DR

City

ERIE

State

CO

Zip Code

80516-6826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RTD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BUS DRIVER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 1 1

Transaction ID: SA11.14273059

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DEANNE MILLER

Mailing Address 420 52ND ST

City

VIRGINIA BEACH

State

VA

Zip Code

23451-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292193

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD E. MILLER

Mailing Address P.O. BOX 596

City

CAPTIVA

State

FL

Zip Code

33924-0596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290991

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK S. MILLER

Mailing Address 3435 ROUTIER RD APT 61

City

SACRAMENTO

State

CA

Zip Code

95827-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265270

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK S. MILLER

Mailing Address 3435 ROUTIER RD APT 61

City

SACRAMENTO

State

CA

Zip Code

95827-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267165

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL MILLETTE

Mailing Address POST OFFICE BOX 7138

City

GARDEN CITY

State

NY

Zip Code

11530-7138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286969

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. MILLER

Mailing Address 6320 SAINT ANDREWS DR.

City

PADUCAH

State

KY

Zip Code

42001-8658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263147

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RUBY MILLER

Mailing Address 5205 US SW 69TH ST

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272202

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ABBY SNIDERMAN MILSTEIN

Mailing Address 888 PARK AVENUE  
APARTMENT 8B

City State Zip Code  
NEW YORK NY 10075-0282

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275646

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH MILTON

Mailing Address 3211 PONCE DE LEON BLVD  
STE 301

City State Zip Code  
CORAL GABLES FL 33134-7274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J. MILTON AND ASSOCIATES

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287779

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK MINK

Mailing Address P.O. BOX 1146

City State Zip Code  
STILWELL OK 74960-1146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288912

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3705.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFF MITCHELL

Mailing Address 9858 SPRINGSTONE ROAD

City

MCCORDSVILLE

State

IN

Zip Code

46055-9626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN FAMILY INSURANCE  
GROUPOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282070

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAVID J. MOLTON

Mailing Address 51 W. 83RD ST.  
APT. 1

City

NEW YORK

State

NY

Zip Code

10024-5241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297512

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARLYLE N. MONTANYE, JR.

Mailing Address P.O. BOX 14

City

GLYNDON

State

MD

Zip Code

21071-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266181

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALVARO MONTEALEGRE

Mailing Address 415 EMBASSY OAKS DR  
STE. 100

City State Zip Code  
SAN ANTONIO TX 78216-2041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MURO GROUP, INC.

Occupation  
GENERAL MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11.14281809

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BERNICE MOORE

Mailing Address 2910 PHOENIX PT.

City State Zip Code  
COLORADO SPRINGS CO 80906-6731

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290600

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLARENCE C. MOORE

Mailing Address 437 BOSQUE CIR

City State Zip Code  
BLYTHEWOOD SC 29016-7927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278550

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY R. MOORE

Mailing Address 311 E. JENNINGS STREET

City

NEWBURGH

State

IN

Zip Code

47630-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHOPAEDIC ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268081

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JACK MOORE

Mailing Address 23618 U S HWY 277 SOUTH

City

CHRISTOVAL

State

TX

Zip Code

76935-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258665

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JACK MOORE

Mailing Address 23618 U S HWY 277 SOUTH

City

CHRISTOVAL

State

TX

Zip Code

76935-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290747

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MORRIS C. MOORE

Mailing Address 16441 HIGHWAY 33

City

CANADIAN

State

TX

Zip Code

79014-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278280

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT MOORE

Mailing Address 8851 N ORACLE RD. APT. 342

City

TUCSON

State

AZ

Zip Code

85704-7459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260817

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT MOORE

Mailing Address 8851 N ORACLE RD. APT. 342

City

TUCSON

State

AZ

Zip Code

85704-7459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278640

Amount of Each Receipt this Period

21.61

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

91.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT MOORE

Mailing Address 8851 N ORACLE RD. APT. 342

City

TUCSON

State

AZ

Zip Code

85704-7459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282980

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT MOORE

Mailing Address 8851 N ORACLE RD. APT. 342

City

TUCSON

State

AZ

Zip Code

85704-7459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293529

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. MOORE

Mailing Address 105 SUNNYSIDE RD

City

SILVER SPRING

State

MD

Zip Code

20910-5465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOORESCWPTWRE

Occupation  
SCULPTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287061

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM MORGAN

Mailing Address 1024 HARRISON ST

City

NASHVILLE

State

TN

Zip Code

37203-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHN BOUCHARD & SONS COMP-  
ANY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273074

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DONALD MORIN

Mailing Address 14211 16TH ST E. #8

City

SUMNER

State

WA

Zip Code

98390-9608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DMI DRILLING CONSTRUCTION

Occupation

DRILLING CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291652

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GRANT A. MORSE

Mailing Address 10801 LAGRIMA DE ORO RD. NE  
APARTMENT 819

City

ALBUQUERQUE

State

NM

Zip Code

87111-8502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280297

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GRANT A. MORSE

Mailing Address 10801 LAGRIMA DE ORO RD. NE  
APARTMENT 819

City State Zip Code  
ALBUQUERQUE NM 87111-8502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287991

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM S. MORTENSEN

Mailing Address 559 ALMOLOYA DR

City State Zip Code  
PACIFIC PLSDS CA 90272-4426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288720

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MILAN S. MORTIMER

Mailing Address 2001 LANDMEIER RD

City State Zip Code  
ELK GROVE VILLAGE IL 60007-2422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMITRON CORP

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275476

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER G. MORTON

Mailing Address 968 MILL POND LANE

City

NEENAH

State

WI

Zip Code

54956-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORTON RX

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264870

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CHERNA MOSKOWITZ

Mailing Address 4744 N. BAY ROAD

City

MIAMI BEACH

State

FL

Zip Code

33140-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292953

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID C. MUCCIA

Mailing Address 534 HARRISON AVENUE

City

HARRISON

State

NY

Zip Code

10528-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST MANHATTAN COMPANY

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286815

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

11125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD MUELLER

Mailing Address 1 US BANK PLZ STE 2700

City

SAINT LOUIS

State

MO

Zip Code

63101-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14291957

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM B. MULHERIN

Mailing Address 1765 OLD WEST BROAD ST  
STE 2

City

ATHENS

State

GA

Zip Code

30606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATHENS ORTHOPEDIC CLINIC

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288536

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY N. MULLINIX

Mailing Address 19129 HOLBERTON LANE

City

BROOKEVILLE

State

MD

Zip Code

20833-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14280935

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES G. MUMFORD

Mailing Address 105 FARM LN

City

WESTWOOD

State

MA

Zip Code

02090-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265479

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT MURADYAN

Mailing Address 6641 BRAUN CT

City

ARVADA

State

CO

Zip Code

80004-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWISSLOS TRANSLOGICOccupation  
DESIGN DRAFTSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283761

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GEORGE MURMAN

Mailing Address 33 LORIJEAN LN

City

EAST NORTHPORT

State

NY

Zip Code

11731-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275498

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRIAN MURPHY

Mailing Address 11405 LOCKSHIRE DR

City

FRISCO

State

TX

Zip Code

75035-3773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOX FINANCIAL MGT

Occupation

STOCK BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14281620

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN MUSSER

Mailing Address 818 GRIFFITH AVE.

City

TERRELL

State

TX

Zip Code

75160-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ARTIST/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292211

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CLIFFORD E. MYERS

Mailing Address 5401 N KNOXVILLE AVENUE #106

City

PEORIA

State

IL

Zip Code

61614-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274138

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DANA MYERS, M.D.

Mailing Address 3313 CASON STREET

City

HOUSTON

State

TX

Zip Code

77005-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D L MEYERS & ASSOCIATES

Occupation

GENERAL SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279185

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DONNIE JEAN MYERS

Mailing Address 1009 MAPLE WOODS DR.

City

LIBERTY

State

MO

Zip Code

64068-2385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260868

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. MYERS

Mailing Address 52 APPLE HILL DR

City

CORTLANDT MANOR

State

NY

Zip Code

10567-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283682

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

405.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK K. NADLER

Mailing Address 9510 ANZA TR.

City

LUCERNE VALLEY

State

CA

Zip Code

92356-7805

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267125

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT O. NAEGELE, JR.

Mailing Address 7993 VIA VECCHIA

City

NAPLES

State

FL

Zip Code

34108-7531

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14278065

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS NAGLE

Mailing Address 911 WEIKEL RD

City

YAKIMA

State

WA

Zip Code

98908-8601

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
LAW OFFICE OF B NAGLE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

520.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272749

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1260.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS NAGLE

Mailing Address 911 WEIKEL RD

City

YAKIMA

State

WA

Zip Code

98908-8601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAW OFFICE OF B NAGLE

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278757

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY NAKAMOTO

Mailing Address 999 FALLS CHASE COURT

City

GREAT FALLS

State

VA

Zip Code

22066-1383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BASE TECHNOLOGIES

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14281371

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARUN P. NARANG

Mailing Address 23689 W PETITE LAKE RD

City

LAKE VILLA

State

IL

Zip Code

60046-7298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE CROSS BLUE SHIELD

Occupation  
INFO TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 1

Transaction ID: SA11.14262082

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

30200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARUN P. NARANG

Mailing Address 23689 W PETITE LAKE RD

City

LAKE VILLA

State

IL

Zip Code

60046-7298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE CROSS BLUE SHIELD

Occupation  
INFO TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 1

Transaction ID: SA11.14273049

Amount of Each Receipt this Period

42.84

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE W. NAVE

Mailing Address 3966 S SUMMIT TRAIL

City

GOLD CANYON

State

AZ

Zip Code

85118-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN INDUSTRIAL RESOUR-  
CES

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287745

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARCIA L. NAVE

Mailing Address 3640 SOUTH CACTUS ROAD

City

APACHE JUNCTION

State

AZ

Zip Code

85119-9200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287744

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

61642.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LAURICE MARIE NEAM

Mailing Address 4021 27TH ST N

City

ARLINGTON

State

VA

Zip Code

22207-5236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274320

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. VERLA J. NEEMANN

Mailing Address 218 W 32ND ST

City

KEARNEY

State

NE

Zip Code

68845-3451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14261156

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VERLA J. NEEMANN

Mailing Address 218 W 32ND ST

City

KEARNEY

State

NE

Zip Code

68845-3451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271673

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ED NELSON

Mailing Address P.O. BOX 9

4045 LOVES CHAPEL CHURCH ROAD

City

GLENNVILLE

State

GA

Zip Code

30427-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROTARY CORPORATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287792

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE E. NELSON

Mailing Address P.O. BOX 8

City

RISING FAWN

State

GA

Zip Code

30738-0008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SLTC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258680

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REV. NANCY F. NELSON

Mailing Address 2 GREGLLEN AVE  
STE. 208

City

NANTUCKET

State

MA

Zip Code

02554-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE UNITED METHODIST CHUR-  
CH

Occupation

PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281200

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VINCENT C. NELSON

Mailing Address 421 BOLLA PL

City

ALAMO

State

CA

Zip Code

94507-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279858

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HANS NEUMAIER

Mailing Address 2177 BRIGHTON HENRIETTA TL RD

City

ROCHESTER

State

NY

Zip Code

14623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263885

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN M. NEUMANN

Mailing Address 3 BRIARCLIFF RD.

City

NEW CITY

State

NY

Zip Code

10956-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14289172

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. NEVELS

Mailing Address 1717 ARCH STREET, SUITE 3810

City

PHILADELPHIA

State

PA

Zip Code

19103-2761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286832

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY B. NEWELL

Mailing Address 10460 FRONTIER TRL.

City

CHERRY VALLEY

State

CA

Zip Code

92223-5423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260746

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. COLIN NEWMAN

Mailing Address 1009 PRIORY PLACE

City

MCLEAN

State

VA

Zip Code

22101-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLOBALDATA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

NEW BUSINESS DEVELOPMENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283895

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CORBY D. NEWMAN

Mailing Address 1140 FLORENCE LN.

City

WILLMAR

State

MN

Zip Code

56201-3073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265721

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THIET T. NGUYEN

Mailing Address 2504 RIVERWOOD TRAILS DR

City

FLORISSANT

State

MO

Zip Code

63031-8551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260760

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WHISMAN NICELEY

Mailing Address 1216 OLD WEISGARVER ROAD

City

KNOXVILLE

State

TN

Zip Code

37909-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288464

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

115.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. NICHOLAS

Mailing Address 1129 DRYDEN LANE

City

CHARLOTTESVILLE

State

VA

Zip Code

22903-7673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266198

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN NICKERSON

Mailing Address 1000 DOMINION DR

City

SOUTHLAKE

State

TX

Zip Code

76092-8567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PDS TECH INCOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282127

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. NICKLES

Mailing Address 5219 PICKENS CREEK RD

City

HODGES

State

SC

Zip Code

29653-9654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMING TIMBER & CATTLE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293617

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JANET S. NIEHAUS

Mailing Address 894 VAN HORN WAY

City

EL CAJON

State

CA

Zip Code

92019-3518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272299

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

OLEKSANDRA NIKOLAYENKO-RUFFIN

Mailing Address 2689 RED ARROW

City

LAS VEGAS

State

NV

Zip Code

89135-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TREASURE ISLAND HOTEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292412

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FREDRIC C. NINDE

Mailing Address 3959 E 400 N

City

PORTLAND

State

IN

Zip Code

47371-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

445.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260623

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY NIXON

Mailing Address 204 E CHURCH ST

City

GILMAN

State

IA

Zip Code

50106-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285569

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARIA MERCEDES NOBEL DE GUILLEMARD

Mailing Address 1302 PONCE DE LEON AVENUE  
SUITE 302

City

SAN JUAN

State

PR

Zip Code

00907-3983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279128

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. NOLAN

Mailing Address 8820 WALTHER BLVD APT 4519

City

PARKVILLE

State

MD

Zip Code

21234-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287002

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMB. ROGER F. NORIEGA

Mailing Address 1150 K STREET NW  
APT. 1411

City State Zip Code  
WASHINGTON DC 20005-6816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287789

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREGORY G. NORRIS

Mailing Address 5252 POWELL VALLEY RD.

City State Zip Code  
BIG STONE GAP VA 24219-4134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIRON RANCH

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14289321

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JOHN F. NORRIS

Mailing Address 516 LAKEVIEW RD  
STE 5

City State Zip Code  
CLEARWATER FL 33756-3302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263711

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RONALD J. NORTHROP

Mailing Address 7055 N FRESNO ST  
STE 202

City State Zip Code  
FRESNO CA 93720-2957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258288

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VICTOR R. NOTTINGHAM

Mailing Address 1357 43RD. AVE UNIT 6

City State Zip Code  
GREELEY CO 80634-2446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOUNLASS COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSTRUCTION

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262522

Amount of Each Receipt this Period

800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL A. NOVELLY

Mailing Address 200 W. COCONUT PALM ROAD

City State Zip Code  
BOCA RATON FL 33432-7914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
APEX 0.1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXEC.

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267706

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICK NOVIA

Mailing Address 5 PROSPERITY DR.

City

DERRY

State

NH

Zip Code

03038-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVIA ASSOC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14285149

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. NOWAKOWSKI, SR.

Mailing Address 7 CHESTNUT LANE

City

NEW HOPE

State

PA

Zip Code

18938-9206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED MARKETING SERVICES

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258734

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOUIS D. NUNEZ

Mailing Address 38 BIRCHWOOD DR

City

FISHKILL

State

NY

Zip Code

12524-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258413

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LARRY A. O' BRIEN

Mailing Address 120 HUDSON DR

City

DEL RIO

State

TX

Zip Code

78840-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VISTA VERDE MEDICAL PLAZA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279467

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARVEY E. O'NEILL

Mailing Address 143 FONTAINBLEAU DR

City

MANDEVILLE

State

LA

Zip Code

70471-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279434

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KEVIN O'SCANNLAIN

Mailing Address 2212 TORONTO ST.

City

FALLS CHURCH

State

VA

Zip Code

22043-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DLA PIPER

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287728

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL A. OASIS

Mailing Address 4840 SW 80 STREET

City

MIAMI

State

FL

Zip Code

33143-6142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OASIS GROUP

Occupation

RADIO BROADCASTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287788

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ADELAIDA E. OBREGON

Mailing Address 5550 COLUMBIA PIKE NO 515

City

ARLINGTON

State

VA

Zip Code

22204-3148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280481

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAUREEN OBRIEN

Mailing Address 38 CAVENDISH CIR.

City

SALEM

State

MA

Zip Code

01970-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262551

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY R. OCHS

Mailing Address PO BOX 1045

City

SYRACUSE

State

KS

Zip Code

67878-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275494

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ED OCHYLSKI

Mailing Address 100 SEAWAY CT.

City

VERO BEACH

State

FL

Zip Code

32963-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265174

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JACK ODELL, JR.

Mailing Address 431 PLEASANT VALLEY LN.

City

RICHARDSON

State

TX

Zip Code

75080-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258739

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JACK ODELL, JR.

Mailing Address 431 PLEASANT VALLEY LN.

City

RICHARDSON

State

TX

Zip Code

75080-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280693

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JACK ODELL, JR.

Mailing Address 431 PLEASANT VALLEY LN.

City

RICHARDSON

State

TX

Zip Code

75080-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286895

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JACK ODELL, JR.

Mailing Address 431 PLEASANT VALLEY LN.

City

RICHARDSON

State

TX

Zip Code

75080-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290953

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARGARET E. ODELL

Mailing Address 115 QUAIL RDG

City

JACKSON

State

TN

Zip Code

38305-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269323

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAY P. ODEN, JR.

Mailing Address 4630 OLD BROWNLEE RD

City

BOSSIER CITY

State

LA

Zip Code

71111-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291535

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER ODISHLIDZE

Mailing Address 530 PONCE DE LEON AVE.

City

SAN JUAN

State

PR

Zip Code

00901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBA INC.Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275654

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. KAREN OERTEL

Mailing Address 2308 BLOOMINGDALE ROAD

City

CENTREVILLE

State

MD

Zip Code

21617-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRIS CRAB HOUSE INC.

Occupation

RESTAURANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268585

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL P. OFARRELL

Mailing Address 4928 SW FORNEY STREET

City

SEATTLE

State

WA

Zip Code

98116-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283189

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DONALD A. OHLEMACHER, JR.

Mailing Address 2904 SUNSET LANE

City

SANDUSKY

State

OH

Zip Code

44870-5984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274451

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACQUE C. OJADIDI

Mailing Address 1231 DIAMOND VALLEY STREET

City

HENDERSON

State

NV

Zip Code

89052-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267702

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER OLDJA

Mailing Address 444 MARSHALL ST

City

PATERSON

State

NJ

Zip Code

07503-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AL & JOHN INCORPORATED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279099

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ISAAC OLEMBERG

Mailing Address 5212 N BAY RD

City

MIAMI BEACH

State

FL

Zip Code

33140-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275651

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOEL OLIVER

Mailing Address 9113 US HWY. 96 S

City

CENTER

State

TX

Zip Code

75935-6410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14274548

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN OLIVER

Mailing Address PO459

City

PLYMOUTH

State

IN

Zip Code

46563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLIVER FORD LINCOLN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CAR SALES &amp; SERVICE

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292166

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. OLIVER

Mailing Address 18 SCOTTS NCK. PL.

City

SHELDON

State

SC

Zip Code

29941-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

625.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280542

Amount of Each Receipt this Period

425.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

925.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROLLANCE E. OLSON

Mailing Address 2147 DALE AVE., SE

City

ROANOKE

State

VA

Zip Code

24013-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARTS DEPOT, INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292118

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. ORCHARD

Mailing Address 4203 ROAD 82

City

TEN SLEEP

State

WY

Zip Code

82442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
LIVESTOCK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14289043

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. ORTEGA, SR.

Mailing Address 11106 DREAMLAND DR

City

SAN ANTONIO

State

TX

Zip Code

78230-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEOPLE EXPRESS INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275248

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAVIER ORTIZ

Mailing Address 2870 PEACHTREE RD. NW

City

ATLANTA

State

GA

Zip Code

30305-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287756

Amount of Each Receipt this Period

19000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOAN D. OSBORNE

Mailing Address 128 KAAPUNI DRIVE

City

KAILUA

State

HI

Zip Code

96734-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284498

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN D. OSBORNE

Mailing Address 128 KAAPUNI DRIVE

City

KAILUA

State

HI

Zip Code

96734-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288541

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

19400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HELEN SIGNE OSTBY

Mailing Address 386 MOUNTAIN HOME ROAD

City

WOODSIDE

State

CA

Zip Code

94062-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292470

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT B. OSTHIMER

Mailing Address 17800 FOX DEN DR

City

GRANGER

State

IN

Zip Code

46530-8527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14278743

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOAN OTTAVIO

Mailing Address 1821 SAN FRANCISCO

City

SAN ANTONIO

State

TX

Zip Code

78201-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281847

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

31010.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL G. OXLEY

Mailing Address 7629 HUNTMASER LANE

City

MCLEAN

State

VA

Zip Code

22102-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAKER HOSTETLER, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292444

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUSAN PABST

Mailing Address 4301 3RD STREET PL NW

City

HICKORY

State

NC

Zip Code

28601-9033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14262035

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KARL B. PACE, JR.

Mailing Address PO BOX 129

City

GLOUCESTER

State

NC

Zip Code

28528-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289442

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2210.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP K. PACKER

Mailing Address 3700 BUFFALO SPWY SUITE 1100

City

HOUSTON

State

TX

Zip Code

77098-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALE-MILLS CONSTRUCTIONOccupation  
OWNER/VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258707

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA S. PADGETT

Mailing Address 111 CASTLEWOOD RD

City

BALTIMORE

State

MD

Zip Code

21210-1360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289663

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA S. PADGETT

Mailing Address 111 CASTLEWOOD RD

City

BALTIMORE

State

MD

Zip Code

21210-1360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292493

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SHIN YUEN PAI

Mailing Address 6414 79TH ST

City

MIDDLE VILLAGE

State

NY

Zip Code

11379-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

280.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268429

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LINDA J. PALMER

Mailing Address 4800 WHISPERING PINE WAY

City

NAPLES

State

FL

Zip Code

34103-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265852

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LORENZO PALONARES

Mailing Address 421 AVE MUNOR RIVERA  
SUITE1001

City

SAN JUAN

State

PR

Zip Code

00918-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273506

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1625.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VIVIAN PAN

Mailing Address 1200 BROADWAY #6G

City

NEW YORK

State

NY

Zip Code

10001-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMLIN CAPITAL MANAGEMENT

Occupation

INVESTMENT ADVISOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286823

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID E. PANICHI

Mailing Address 150 KINGSTON ROAD

City

MEDIA

State

PA

Zip Code

19063-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TN WARD COMPANY

Occupation

CHAIRMAN &amp; CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283888

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

V. W. PAOUNOFF

Mailing Address 416 NEW SWEDEN RD.

City

WOODSTOCK

State

CT

Zip Code

06281-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14262926

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1540.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

M. JOHN PARISH

Mailing Address 4112 S AVENUE 5 1/2 E

City

YUMA

State

AZ

Zip Code

85365-6700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266168

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT GOODWIN PARSE

Mailing Address 13614 APPLE TREE RD.

City

HOUSTON

State

TX

Zip Code

77079-7011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269761

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. B. WARING PARTRIDGE

Mailing Address 43-46 NORRE GADE, #232

City

ST. THOMAS

State

VI

Zip Code

00802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINDWARD CAPITALOccupation  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283836

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HEMANT PATEL

Mailing Address 7150 BISCAYNE BLVD.

City

MIAMI

State

FL

Zip Code

33138-5702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263947

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RUPAL PATEL

Mailing Address 189 W. 89TH STREET  
APARTMENT 12J

City

NEW YORK

State

NY

Zip Code

10024-1977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290743

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RODOLFO PATLAN

Mailing Address 9030 ISLAND VIEW ST.

City

SAN ANTONIO

State

TX

Zip Code

78242-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265483

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GERTRUD PATTERSON

Mailing Address 21314 N 80TH. LN.

City

PEORIA

State

AZ

Zip Code

85382-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284070

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LINDEN E. PATTON

Mailing Address 11311 COROBON LN

City

GREAT FALLS

State

VA

Zip Code

22066-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287582

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JORDAN C. PAUL

Mailing Address 1826 VERNON ST., NW  
APT. 305

City

WASHINGTON

State

DC

Zip Code

20009-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287794

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA A. PAULSON

Mailing Address 1803 NW CEDAR RIDGE DR.

City

PORTLAND

State

OR

Zip Code

97229-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260934

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND A. PAWLOSKI

Mailing Address 648 WYNDHAM CROSSINGS CIRCLE

City

SAINT LOUIS

State

MO

Zip Code

63131-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SECURITIES TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287578

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GORDON T. PAYNE

Mailing Address 108 S TIMBER TOP DR.

City

SPRING

State

TX

Zip Code

77380-1492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
APPLIANCE DISTRIBUTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14291997

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NYLA R. PAYNE

Mailing Address 7250 POPLAR STREET  
APT. 124

City State Zip Code  
BOISE ID 83704-7366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266030

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES PEDDYCOART

Mailing Address 14605 JALON RD

City State Zip Code  
LA MIRADA CA 90638-3938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
POWERS BROTHERS MACHINE

Occupation  
MACHINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286710

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN E. PELLON

Mailing Address 6987 HALSTEAD AVE

City State Zip Code  
RANCHO CUCAMONGA CA 91701-5216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272190

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANKLIN E. PELLOM

Mailing Address 6987 HALSTEAD AVE

City

RANCHO CUCAMONGA

State

CA

Zip Code

91701-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287800

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM L. PENN

Mailing Address 1522 SUN MTN

City

SAN ANTONIO

State

TX

Zip Code

78258-7359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258433

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. C. R. PENNONI

Mailing Address 411 VALLEY GLEN DRIVE

City

BRYN MAWR

State

PA

Zip Code

19010-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENNONI ASSOCIATES INC.

Occupation  
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286822

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICARDO GERMAN PEREZ

Mailing Address 129 COOL SPRINGS LANE

City

HARRISON CITY

State

PA

Zip Code

15636-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292419

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAULETTE PERKINS

Mailing Address 415 LACET LANE

City

ASPEN

State

CO

Zip Code

81611-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290777

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ADDIE M. PERRY

Mailing Address 865 OLD DALTON RD. NE

City

ROME

State

GA

Zip Code

30165-9096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268528

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ADDIE M. PERRY

Mailing Address 865 OLD DALTON RD. NE

City

ROME

State

GA

Zip Code

30165-9096

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14274045

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HARRY F. PERRY

Mailing Address 1153 GUINDA CT

City

CAMARILLO

State

CA

Zip Code

93010-1037

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289835

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUSAN PERRY

Mailing Address 6809 E SADDLEBACK DR

City

ORANGE

State

CA

Zip Code

92869-2332

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270530

Amount of Each Receipt this Period

310.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

390.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. PETELER

Mailing Address 129 COBURG VILLAGE WAY

City

REXFORD

State

NY

Zip Code

12148-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270245

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE N. PETERSON

Mailing Address 6627 N 89TH ST

City

MILWAUKEE

State

WI

Zip Code

53224-5311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290550

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAN PETERSON

Mailing Address 40 ROAD 4CP

City

MEETEETSE

State

WY

Zip Code

82433-9702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290859

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 846

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN L. PETERSON

Mailing Address 509 MISSOURI ST.

City

SAN FRANCISCO

State

CA

Zip Code

94107-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286131

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN L. PETERSON

Mailing Address 509 MISSOURI ST.

City

SAN FRANCISCO

State

CA

Zip Code

94107-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288537

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. PETERS

Mailing Address 3245 FIRESTONE CT

City

FAIRFIELD

State

CA

Zip Code

94534-7807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258743

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MILO PETERSON

Mailing Address 31 COBLESUB RD

City

CENTRAL SQ

State

NY

Zip Code

13036-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROWAVE FILTER CO.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269897

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN PETROU

Mailing Address 82 MARMION WAY

City

ROCKPORT

State

MA

Zip Code

01966-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282279

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. PETTIT

Mailing Address 379 FYNN VALLEY DR

City

LAS VEGAS

State

NV

Zip Code

89148-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWEST SURVEILLANCE SY-  
STEMS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268334

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT PETTY

Mailing Address 806 PARK HILLS DRIVE

City

EFFINGHAM

State

IL

Zip Code

62401-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288057

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE O. PFAFF

Mailing Address 16 BEAVER CREEK LN.

City

ASHEVILLE

State

NC

Zip Code

28804-2765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264275

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE O. PFAFF

Mailing Address 16 BEAVER CREEK LN.

City

ASHEVILLE

State

NC

Zip Code

28804-2765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284637

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE O. PFAFF

Mailing Address 16 BEAVER CREEK LN.

City

ASHEVILLE

State

NC

Zip Code

28804-2765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293202

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NORMAN PFAU, JR.

Mailing Address 2703 UTICA PIKE

City

JEFFERSONVILLE

State

IN

Zip Code

47130-5251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEO PFAUS SONS CO INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292468

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KURT L. PFLIEGER

Mailing Address 708 COUNTRY CLUB DR

City

HEATH

State

TX

Zip Code

75032-5867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289480

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STERLING E. PHILLIPS

Mailing Address 1451 HAMPTON RIDGE

City

MCLEAN

State

VA

Zip Code

22101-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OTSI CORP.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292442

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NORMA BEAZLEY PHIPPS

Mailing Address 5114 COLONIAL CT.

City

PASADENA

State

TX

Zip Code

77505-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269277

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NORMA BEAZLEY PHIPPS

Mailing Address 5114 COLONIAL CT.

City

PASADENA

State

TX

Zip Code

77505-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289571

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM PIERCE

Mailing Address P.O. BOX 278

City

DEQUINCY

State

LA

Zip Code

70633-0278

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268685

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MANUEL R. PIETRANTONI

Mailing Address ORTEGON 101  
APT 1402

City

GUAYNABO

State

PR

Zip Code

00966-2535

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273499

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERNEST PIGHINI

Mailing Address 427 MILITIA HILL RD

City

FORT WASHINGTON

State

PA

Zip Code

19034-1905

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
COMCAST CABLE COMMUNICATI-  
ONS

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290780

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CHERYL PINE

Mailing Address 19 SCOTT CIRCLE

City

PURCHASE

State

NY

Zip Code

10577-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291685

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIA S. PINHEIRO

Mailing Address 8122 S KACHINA DR

City

TEMPE

State

AZ

Zip Code

85284-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286686

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER A. PISTELL

Mailing Address 1307 BERWICK RD.

City

RUXTON

State

MD

Zip Code

21204-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RAIL EQUIPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14260358

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. EDWARD PITRE, JR.

Mailing Address 9 DONSEN LN

City State Zip Code  
SCOTCH PLAINS NJ 07076-2809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FINALLY GC

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263151

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES W. PITTMAN

Mailing Address 1508 AVENUE E NE

City State Zip Code  
WINTER HAVEN FL 33881-4343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289797

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. STEPHEN R. PLASTER

Mailing Address P.O. BOX 1329

City State Zip Code  
LEBANON MO 65536-1329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMPIRE GAS CORPORATION

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292960

Amount of Each Receipt this Period

15400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

16250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TOM POFF

Mailing Address 1005 S FRANKLIN ST

City

CHRISTIANSBURG

State

VA

Zip Code

24073-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283704

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELSIE M. POMYKAL

Mailing Address 807 OAK CREEK CT

City

ENNIS

State

TX

Zip Code

75119-3734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281675

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN F. PORTER

Mailing Address 6 OWL CREEK LN

City

SHOUP

State

ID

Zip Code

83469-6508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288685

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. PORTER

Mailing Address 200 BARR HARBOR DR. STE. 400

City

CONSHOHOCKEN

State

PA

Zip Code

19428-2978

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289938

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY POSELENZNY

Mailing Address 260 RIVERMERE WAY

City

ATLANTA

State

GA

Zip Code

30350-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267834

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DARLA POSTIL

Mailing Address 2445 STAFFORD RD

City

THOUSAND OAKS

State

CA

Zip Code

91361-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268135

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREG POULOS

Mailing Address 2551 W STATE RD. 84

City

FT LAUDERDALE

State

FL

Zip Code

33312-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14278241

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CURTIS R. POWELL

Mailing Address 6711 FOXBRIAR DR

City

TULSA

State

OK

Zip Code

74132-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UROLOGIC SPECIALISTS OF  
OKLAHOMA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

UROLOGIST

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291927

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD A. POWERS

Mailing Address 7680 APPALOOSA LN.

City

EMMETT

State

ID

Zip Code

83617-2693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

335.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265260

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

485.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD A. POWERS

Mailing Address 7680 APPALOOSA LN.

City

EMMETT

State

ID

Zip Code

83617-2693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268339

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD A. POWERS

Mailing Address 7680 APPALOOSA LN.

City

EMMETT

State

ID

Zip Code

83617-2693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282489

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID S. PRECYTHE

Mailing Address PO BOX 130

City

FAISON

State

NC

Zip Code

28341-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN PRODUCEOccupation  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292001

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

480.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT C. PRENTICE

Mailing Address 13343 EDINBURGH DR

City

PALOS HEIGHTS

State

IL

Zip Code

60463-2749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEPRI CARE CENTERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272241

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

EDWARD PRIESS

Mailing Address 3 LARKSPUR CT.

City

ST. CHARLES

State

MO

Zip Code

63301-0627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272731

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CAROL PRIKKEL

Mailing Address 2952 ENSLEY AVE

City

DAYTON

State

OH

Zip Code

45414-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266756

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CONSTANCE PRITCHETT

Mailing Address 6001 BOLLINGER CANYON RD

City

SAN RAMON

State

CA

Zip Code

94583-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258744

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK PRITCHARD

Mailing Address 1004 HOLLIDAY ST.

City

PLAINVIEW

State

TX

Zip Code

79072-6044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275487

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FLORENCE A. PRYBYSZ

Mailing Address 50 N 500 W

City

VALPARAISO

State

IN

Zip Code

46385-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287070

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LEONRA H. PUSTA

Mailing Address 138 W SUNFLOWER DR.

City

PAYSON

State

AZ

Zip Code

85541-6152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1796.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266382

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LEONRA H. PUSTA

Mailing Address 138 W SUNFLOWER DR.

City

PAYSON

State

AZ

Zip Code

85541-6152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1796.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14273834

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CALVIN L. QUAMEN

Mailing Address 10428 428TH. AVE

City

BRITTON

State

SD

Zip Code

57430-5215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER/RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288060

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDGARDO NIEVES QUILES

Mailing Address 288 CALLE TOLOSA

City

SAN JUAN

State

PR

Zip Code

00921-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O'NEILL & BORGES

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279034

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES A. QUINN

Mailing Address 36 NEWARK AVE  
# 300

City

BELLEVILLE

State

NJ

Zip Code

07109-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263704

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NICHOLAS RACZ

Mailing Address 714 BANKERS COTTAGE

City

COPPELL

State

TX

Zip Code

75019-2091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIMED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280293

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOLLIS W. RADEMACHER

Mailing Address 1719 LOWELL LN.

City

LAKE FOREST

State

IL

Zip Code

60045-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284012

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DAVID RAEZER

Mailing Address 1501 LANSLOWNE AVE  
# 301

City

DARBY

State

PA

Zip Code

19023-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263713

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J. DWIGHT RAGSDALE

Mailing Address 1115 CLAYLICK ROAD

City

WHITE BLUFF

State

TN

Zip Code

37187-4519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261912

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. V. BIRCH RAMBO

Mailing Address 201 W 9TH. NORTH ST. UNIT 157

City

SUMMERVILLE

State

SC

Zip Code

29483-6718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293326

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WAYNE L. RAMEY

Mailing Address 18812 OLD MANSFIELD RD

City

FREDERICKTOWN

State

OH

Zip Code

43019-9716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284766

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE H. RAMHARTER

Mailing Address 597 SHOREHAVEN DRIVE

City

KISSIMMEE

State

FL

Zip Code

34759-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283602

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BIANCA J. RAMMAIRONE

Mailing Address 195 BENEDICT ROAD

City

STATEN ISLAND

State

NY

Zip Code

10304-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297527

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LOLITA L. RANA

Mailing Address 2263 SALEM AVE

City

DAYTON

State

OH

Zip Code

45406-5629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258290

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ED RANDASH

Mailing Address 5124 LAUREL RD

City

BILLINGS

State

MT

Zip Code

59101-4612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF EMPLOYED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262592

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. EARLINE B. RANKA

Mailing Address 2016 CAROLINA AVE

City

PORT ARTHUR

State

TX

Zip Code

77642-0551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289453

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DIANE RANSOM

Mailing Address 14 WENTWORTH PARK

City

FARMINGTON

State

CT

Zip Code

06032-1560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292051

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR L. RATHS

Mailing Address 1144 GRANNY WHITE CT

City

NASHVILLE

State

TN

Zip Code

37204-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280527

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FLOYD ARNOLD RAUCH, JR.

Mailing Address 310 BLAIR CIR

City

CLEVER

State

MO

Zip Code

65631-6729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FORMERLY USMC AND USPS

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265234

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KATHARINE M. RAWLING

Mailing Address 1717 ENCLAVE CT.

City

LAS VEGAS

State

NV

Zip Code

89134-6196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284582

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LANSING RAY

Mailing Address 6211 N PIEDRA SECA

City

TUCSON

State

AZ

Zip Code

85718-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279462

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL REAFSNYDER

Mailing Address 1542 LOMA VERDE LN

City

SANTA ANA

State

CA

Zip Code

92705-3050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14262325

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERIC J. REBHAN

Mailing Address 7845 CHESTNUT RIDGE RD

City

HUBBARD

State

OH

Zip Code

44425-9702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO STEEL SHEET & PLATE

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14267476

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS C. RECORD

Mailing Address 6206 WELBORN DRIVE

City

BETHESDA

State

MD

Zip Code

20816-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MK TECHNOLOGY

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290745

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES E. REDPATH

Mailing Address 25 OAK RIDGE PT

City

MORTON

State

IL

Zip Code

61550-1137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269900

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. REED

Mailing Address 1310 PRESTWICK COURT

City

CHESAPEAKE

State

VA

Zip Code

23320-9446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297522

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. REGIS, JR.

Mailing Address 1519 AVE. KINS COURT

City

SAN JUAN

State

PR

Zip Code

00911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAST FOOD MANAGEMENTOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279129

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DEBORAH REHM

Mailing Address 1016 WELLINGTON TER

City

TOWN AND COUNTRY

State

MO

Zip Code

63017-8310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SISTERS OF MERCY

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280550

Amount of Each Receipt this Period

170.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR J. REID

Mailing Address 8110 S. WEST BAY SHORE DRIVE

City

TRAVERSE CITY

State

MI

Zip Code

49684-9487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269657

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELEANOR J. REID

Mailing Address 8110 S. WEST BAY SHORE DRIVE

City

TRAVERSE CITY

State

MI

Zip Code

49684-9487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286847

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARILYN REINER

Mailing Address 1555 HOLTON RUN CT.

City

GROVE CITY

State

OH

Zip Code

43123-9727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275111

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CLETA RENYER

Mailing Address 609 CASTLE ST.

City

SENECA

State

KS

Zip Code

66538-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276800

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BREE RENZ

Mailing Address PO BOX 620008

City

WOODSIDE

State

CA

Zip Code

94062-0008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BREEZE PRODUCTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRODUCER

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292148

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD RETTNER

Mailing Address 374 MCLEAN AVENUE

City

YONKERS

State

NY

Zip Code

10705-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297517

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWIN SANDHAM REVOCABLE

Mailing Address 1964 SW SAINT ANDREWS DR.

City

PALM CITY

State

FL

Zip Code

34990-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290086

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JUAN ROSARIO REYES

Mailing Address 2185 REEDS MILL LANE  
APT 9G

City

BRONX

State

NY

Zip Code

10475-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAMO GLOBAL CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14286998

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 846

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT N. REYNOLDS

Mailing Address 1212 CAVASBACK DRIVE

City

GRANBURY

State

TX

Zip Code

76048-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARRETT BIT

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277140

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD RIBNER

Mailing Address 320 S BOSTON AVE STE 1130

City

TULSA

State

OK

Zip Code

74103-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281846

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH A. RICE

Mailing Address 15 ROSE LN.

City

CHAPPAQUA

State

NY

Zip Code

10514-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267311

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

630.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID B. RICHARD

Mailing Address 82 BIRCH AVENUE

City

CORTE MADERA

State

CA

Zip Code

94925-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284166

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID B. RICHARD

Mailing Address 82 BIRCH AVENUE

City

CORTE MADERA

State

CA

Zip Code

94925-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293593

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GRIFFITH S. RICHARD

Mailing Address P.O. BOX 91610  
3417 MILAN ST.

City

LAFAYETTE

State

LA

Zip Code

70509-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277701

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GRIFFITH S. RICHARD

Mailing Address P.O. BOX 91610  
3417 MILAN ST.City State Zip Code  
LAFAYETTE LA 70509-1610FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289717

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOAN RICHARDSON

Mailing Address 265 WASHINGTON AVE

City State Zip Code  
HILLSDALE NJ 07642-2863FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266385

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOAN RICHARDSON

Mailing Address 265 WASHINGTON AVE

City State Zip Code  
HILLSDALE NJ 07642-2863FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288049

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOAN RICHARDSON

Mailing Address 265 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290700

Amount of Each Receipt this Period

82.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ELEANOR R. RIGGS

Mailing Address 507 BRIGHTWOOD CLUB DR.

City

LUTHERVILLE TIMONI

State

MD

Zip Code

21093-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271567

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FRANK RINAUDO

Mailing Address 5789 ROYALTY RD.

City

JACKSONVILLE

State

FL

Zip Code

32254-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278751

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

382.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANK RINAUDO

Mailing Address 5789 ROYALTY RD.

City

JACKSONVILLE

State

FL

Zip Code

32254-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293534

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. RIORDAN

Mailing Address 211 N 97TH CT

City

OMAHA

State

NE

Zip Code

68114-2398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARIL LYNCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

STOCK BROKER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279051

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUSANA RIOS

Mailing Address 1099 22ND ST NW

City

WASHINGTON

State

DC

Zip Code

20037-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11.14281816

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROY WATSON RISING

Mailing Address 5433 BEN AVENUE

City

VALLEY VILLAGE

State

CA

Zip Code

91607-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267935

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH J. RITCHIE

Mailing Address P.O. BOX 500

City

WEST CHATHAM

State

MA

Zip Code

02669-0500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14273611

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SHEILA J. RITSCH

Mailing Address 805 SAVANNAH WAY

City

PARADISE

State

CA

Zip Code

95969-5860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290502

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. RITTER

Mailing Address 3905 MONTEVALLO ROAD

City

MOUNTAIN BRK

State

AL

Zip Code

35213-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGIONS

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292439

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. SHERWIN RITZ

Mailing Address 1715 N DIVISION ST  
# 202

City

MORRIS

State

IL

Zip Code

60450-3122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258263

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS M. ROACH

Mailing Address 110 N ROSEMONT AVE

City

MARTINSBURG

State

WV

Zip Code

25401-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260744

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES H. ROBBINS

Mailing Address 8580 CINDERBED ROAD  
SUITE 2400

City State Zip Code  
NEWINGTON VA 22122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CR ASSOCIATES INC.

Occupation  
CEO/CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14281372

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN C. ROBBINS

Mailing Address 5300 ORANGE AVE  
STE 208

City State Zip Code  
CYPRESS CA 90630-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBBINS FINANCIAL & INSUR-  
ANCE

Occupation  
INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258685

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN C. ROBBINS

Mailing Address 5300 ORANGE AVE  
STE 208

City State Zip Code  
CYPRESS CA 90630-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBBINS FINANCIAL & INSUR-  
ANCE

Occupation  
INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290809

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DEBRA K. ROBERTS

Mailing Address 1008 EASTBOURNE CT.

City

FREDERICK

State

MD

Zip Code

21702-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288455

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOE ROBERTSON

Mailing Address 6301 BAYLOR DRIVE

City

BARTLESVILLE

State

OK

Zip Code

74006-9009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284010

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. R. LEE ROBERTS

Mailing Address PO BOX 167

City

DARBY

State

PA

Zip Code

19023-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBERTS FILTER GROUP, INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286810

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARY E. ROBINSON

Mailing Address 202 CENTER AVE

City

OOSTBURG

State

WI

Zip Code

53070-1482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284511

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOE ROBINSON

Mailing Address 700 HILLCREST DR

City

RICHMOND

State

TX

Zip Code

77469-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
COUNSELLOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288552

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM ROBINSON

Mailing Address 3630 CHERBOURG WAY

City

MARIETTA

State

GA

Zip Code

30062-4289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283703

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. ROBINSON

Mailing Address 755 BAYWOOD DRIVE  
SUITE 180

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| PETALUMA | CA    | 94954-5509 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292407

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. ROBSON

Mailing Address PO BOX 21901  
# 1

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| PHILADELPHIA | PA    | 19124    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260265

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MABEL MORALES ROCA

Mailing Address CALLE TOLEDO 37

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| CEUAYNABO | PR    | 00966-3103 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275653

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4200.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES ROCHE

Mailing Address P.O. BOX 330

City

CALLICOON

State

NY

Zip Code

12723-0330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285161

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAULINE M. ROCKENSTIRE

Mailing Address 2930 WESTMORELAND CT.

City

NEW PRT RCHY

State

FL

Zip Code

34655-3532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277023

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILBERT L. ROCKKELMAN

Mailing Address 3555 CLARES ST  
STE WWW

City

CAPITOLA

State

CA

Zip Code

95010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THUNDERBIRD

Occupation

OWNER REALTOR CO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285360

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN W. RODGERS

Mailing Address 6048 DUHOLLOW ROAD

City

WARRENTON

State

VA

Zip Code

20187-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283891

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER G. RODIGER, JR.

Mailing Address 3171 MEADOW RDG

City

REDDING

State

CT

Zip Code

06896-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268646

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LUIS F. RODRIGUEZ

Mailing Address 1353 RD. 19  
PMB 349

City

GUAYWABO

State

PR

Zip Code

00966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263214

Amount of Each Receipt this Period

3500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

4055.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279036

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EVERETT G. ROEHL

Mailing Address 11574 N GALVIN AVE  
PO BOX 750

City

MARSHFIELD

State

WI

Zip Code

54449-8518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RACHL TRANSPORT INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

TRUCKING

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274494

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELYNOR M. ROEHR

Mailing Address 1822 MAGNOLIA CT

City

YAKIMA

State

WA

Zip Code

98908-5524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268310

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY J. ROGERS

Mailing Address 502 E KREZDORN ST

City

SEGUIN

State

TX

Zip Code

78155-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TESORO

Occupation

PROJ. SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286692

Amount of Each Receipt this Period

535.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEWIS D. RONCA

Mailing Address 179 MIKRON ROAD

City

BETHLEHEM

State

PA

Zip Code

18020-9476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286830

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN ROOSEVELT

Mailing Address 1520 BRIAR DR

City

BEDFORD

State

TX

Zip Code

76022-6708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258338

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH ROSANO

Mailing Address 913 BARSTOW RD.

City

BARSTOW

State

CA

Zip Code

92311-3907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279087

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK W. ROSE

Mailing Address 2754 DENA DR

City

SAN ANGELO

State

TX

Zip Code

76904-5074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITH, ROSE, FINNEY ETAL

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292317

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NANCY B. ROTH

Mailing Address 8545 CARMEL VALLEY RD

City

CARMEL

State

CA

Zip Code

93923-9556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260780

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RONALD ROTH

Mailing Address 100 MAPLE AVE  
STE 1

City State Zip Code  
SMITHTOWN NY 11787-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITHTOWN PRIMARY MEDICAL  
CARE, PC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14280541

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM ROTHRAUFF, JR.

Mailing Address 1616 CENTERVILLE TURNPIKE  
SUITE 208

City State Zip Code  
VIRGINIA BEACH VA 23464-6533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIDENT GROUP INC.

Occupation  
MARITIME SECURITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287763

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BURTON W. ROUNDS

Mailing Address 122 96TH. AVE W

City State Zip Code  
DULUTH MN 55808-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265655

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BURTON W. ROUNDS

Mailing Address 122 96TH. AVE W

City

DULUTH

State

MN

Zip Code

55808-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282243

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NORM ROUSSELOT

Mailing Address 126 EDMONT RD

City

SONORA

State

TX

Zip Code

76950-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274802

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NORM ROUSSELOT

Mailing Address 126 EDMONT RD

City

SONORA

State

TX

Zip Code

76950-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288661

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THEODORE A. ROUSSIL

Mailing Address 7101 BAY FRONT DR. APT. 321

City

ANNAPOLIS

State

MD

Zip Code

21403-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264690

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GUS L. ROUX, III

Mailing Address 14918 HILLCREST RD

City

DALLAS

State

TX

Zip Code

75248-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HILLCREST BROKERAGE LLC

Occupation  
REAL ESTATE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290925

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FERNANDO J. ROVIRA-RULLAN

Mailing Address 221 PONCE DE LEON AVE  
SUITE 403

City

SAN JUAN

State

PR

Zip Code

00917-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FERRAIVOLI LLC

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279037

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NOEL ROWAN

Mailing Address 2808 CAPE HOPE WAY

City

LAS VEGAS

State

NV

Zip Code

89121-4119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPRENCER CANCER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283727

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CATHERINE ROWEN

Mailing Address 3922 VALLEY RIDGE DRIVE

City

FAIRFAX

State

VA

Zip Code

22033-2727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INOVA HEALTH SYSTEM

Occupation

IT SR. BUSINESS SYS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14289628

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL ROY

Mailing Address 2077 HANSON LOOR

City

BURBANK

State

WA

Zip Code

99323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286957

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

D'ARCY RUDNAY

Mailing Address 301 VALLEY PLACE

City

RADNOR

State

PA

Zip Code

19087-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMCAST

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292428

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

G RICHARD RUSSELL

Mailing Address 8140 TOWNSHIP LINE RD. APT. 5205

City

INDIANAPOLIS

State

IN

Zip Code

46260-5866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287924

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT RUSSELL

Mailing Address P.O. BOX 766

City

ROLLA

State

MO

Zip Code

65402-0766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

LAND DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284934

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH A. RUSSOTTO

Mailing Address 408 MIDLOTHIAN SQ.

City

HAMPTON

State

VA

Zip Code

23669-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284148

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TOMMY RUTTERA

Mailing Address 200 CABOT ST

City

WEST BABYLON

State

NY

Zip Code

11704-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270178

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOMENICK T. RUTTURA

Mailing Address 3 MIDDLE HOLLOW RD

City

HUNTINGTON

State

NY

Zip Code

11743-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286682

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANGEL ROTGER SABAT

Mailing Address PO BOX 11897

City

SAN JUAN

State

PR

Zip Code

00922-1897

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYMI, RIVERA AND ROTGER,  
P.S.C

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273502

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. SALTER

Mailing Address PO BOX 10

City

CHRISTIANSTED

State

VI

Zip Code

00821-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AEG SERVICES

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283829

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WALLACE B. SALTER

Mailing Address 21289 GA HIGHWAY 242 W.

City

BARTOW

State

GA

Zip Code

30413-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279814

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2035.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WALTER SALVAS

Mailing Address 833 WOLCOTT AVE

City

BEACON

State

NY

Zip Code

12508-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293543

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN W. SAMPSON

Mailing Address 140 REACH RUN

City

ITHACA

State

NY

Zip Code

14850-8518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289720

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. SAMPSON

Mailing Address 9614 PARKWOOD COURT

City

FORT MYERS

State

FL

Zip Code

33908-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266501

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277061

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277973

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELNA G. SANDERSON

Mailing Address 1407 MOUNTAINBROOK DR

City

HUNTSVILLE

State

AL

Zip Code

35801-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279869

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELNA G. SANDERSON

Mailing Address 1407 MOUNTAINBROOK DR

City

HUNTSVILLE

State

AL

Zip Code

35801-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280021

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FOSTER J. SANDERS

Mailing Address 901 LONGFIELD CIR

City

CHARLOTTE

State

NC

Zip Code

28270-9787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264873

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WYATT M. SANDERS

Mailing Address 13443 K C RD

City

GONZALES

State

LA

Zip Code

70737-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALEXANDER AND SANDERS

Occupation  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270274

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR.

City

PALM CITY

State

FL

Zip Code

34990-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270564

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DR.

City

PALM CITY

State

FL

Zip Code

34990-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276723

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARRY SANKEY

Mailing Address 908 MUHLENBERG DR

City

TRAPPE

State

PA

Zip Code

19426-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINIX NEW

Occupation  
JOURNALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283723

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

505.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUNE E. SANSOM

Mailing Address 42600 CHERRY HILL RD APT 217

City

CANTON

State

MI

Zip Code

48187-3785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272186

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DORIS COPLEN SANTANA

Mailing Address 2149 WAVERLEY STREET

City

PALO ALTO

State

CA

Zip Code

94301-3955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260589

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SANTANA-APARICIO

Mailing Address 273 PONCE DE LEON AVE.  
PLAZA SCOTIABANK SUITE 610

City

SAN JUAN

State

PR

Zip Code

00917-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273498

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OCTAV SARBU

Mailing Address 1444 MORGAN AVE

City

LA GRANGE PK

State

IL

Zip Code

60526-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRAPER AND FRAMER

Occupation

BUILDING ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272894

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NICHOLAS G. SARIKAS

Mailing Address 25 COBB ST. UNIT L124

City

MANSFIELD

State

MA

Zip Code

02048-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265811

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DENISE SATTERFIELD

Mailing Address 3350 CHESAPEAKE BAY AVE

City

DAVIS

State

CA

Zip Code

95616-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14262391

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional) .....

-275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. SATTLER

Mailing Address 207 W MCKINLEY AVE

City

MILFORD

State

IL

Zip Code

60953-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275558

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GREG SAUER

Mailing Address N2685 POTATO RIDGE RD

City

LA CROSSE

State

WI

Zip Code

54601-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CERTIFIED REGISTERED NURSE ANESTHETIST

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263399

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

J B. SAUNDERS, III

Mailing Address 18505 N ANTLEER WAY

City

EDMOND

State

OK

Zip Code

73012-8709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266151

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD SAUNDERS

Mailing Address 2500 INDIGO LN. UNIT 375

City

GLENVIEW

State

IL

Zip Code

60026-8308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271833

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. SAUNDERS

Mailing Address 421 GEORGIAN RD

City

LA CANADA FLT

State

CA

Zip Code

91011-3545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277058

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILLY SAWYER

Mailing Address 8309 SILKWOOD CT

City

MECHANICSVILLE

State

VA

Zip Code

23116-1894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283990

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY SAWYER

Mailing Address 8309 SILKWOOD CT

City

MECHANICSVILLE

State

VA

Zip Code

23116-1894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288979

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED J. SAWYER

Mailing Address 1 BELLEAIR DR

City

MEMPHIS

State

TN

Zip Code

38104-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275486

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. SAXON

Mailing Address 514 BROOKSTONE CT

City

COPLEY

State

OH

Zip Code

44321-1265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSI

Occupation

C.O.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284024

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

485.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARION SCANIO

Mailing Address 4022 OCEAN DR.

City

CRP CHRISTI

State

TX

Zip Code

78411-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260632

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARION SCANIO

Mailing Address 4022 OCEAN DR.

City

CRP CHRISTI

State

TX

Zip Code

78411-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282746

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GAIL H. SCHADT

Mailing Address 925 EASTGLEN DR

City

LA VERNE

State

CA

Zip Code

91750-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292279

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KARL H. SCHAFER

Mailing Address 827 SHEPHERD LN.

City

ELBURN

State

IL

Zip Code

60119-7125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264889

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KARL H. SCHAFER

Mailing Address 827 SHEPHERD LN.

City

ELBURN

State

IL

Zip Code

60119-7125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14271006

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DWIGHT C. SCHAR

Mailing Address 505 S. FLAGLER  
STE. 900 STE. 900

City

WEST PALM BEACH

State

FL

Zip Code

33401-5948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292950

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

15075.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARTHA M. SCHAR

Mailing Address 505 S. FLAGLER DRIVE, SUITE 900

City

WEST PALM BEACH

State

FL

Zip Code

33401-5948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292952

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRED SCHILLING

Mailing Address 22165 BEAR CREEK RD

City

BEND

State

OR

Zip Code

97701-9604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264053

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRED SCHILLING

Mailing Address 22165 BEAR CREEK RD

City

BEND

State

OR

Zip Code

97701-9604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266724

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ALYCE A. SCHLECH

Mailing Address 611 NE ALSBURY BLVD. APT. 524

City

BURLESON

State

TX

Zip Code

76028-2697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3320.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267801

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD L. SCHLEICHER

Mailing Address 210 S BLUEMOUND DR

City

APPLETON

State

WI

Zip Code

54914-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFETIME RETIREMENT PLANNING IOccupation  
PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288405

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN SCHMELZ

Mailing Address 1180 HWY. 36 E

City

SAINT PAUL

State

MN

Zip Code

55109-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14274387

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. SCHMIDT

Mailing Address 2420 WENTWORTH OAKS CT

City

LEAGUE CITY

State

TX

Zip Code

77573-5565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292342

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOWELL C. SCHNEIDER

Mailing Address 348 W MARYKNOLL RD

City

ROCHESTER HILLS

State

MI

Zip Code

48309-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274187

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOAN L. SCHREYER

Mailing Address 117 MERCER ST.

City

PRINCETON

State

NJ

Zip Code

08540-6809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269922

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND M. SCHROCK

Mailing Address 25652 STATE ROAD 119

City

GOSHEN

State

IN

Zip Code

46526-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARM STORE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264872

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HARRY RICHARD SCHUMACHER, ESQ.

Mailing Address 47 E 88TH. STREET  
APARTMENT 14A

City

NEW YORK

State

NY

Zip Code

10128-1152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283011

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARRY RICHARD SCHUMACHER, ESQ.

Mailing Address 47 E 88TH. STREET  
APARTMENT 14A

City

NEW YORK

State

NY

Zip Code

10128-1152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287735

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SARA SCHUMAN

Mailing Address 2281 CASSATT DRIVE

City

HENDERSON

State

NV

Zip Code

89074-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263948

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. SCHUUR

Mailing Address 13120 NIMROD PL.

City

LOS ANGELES

State

CA

Zip Code

90049-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268300

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD A. SCHWALBACH

Mailing Address 601 CARLSON PKWY  
SUITE 150

City

HOPKINS

State

MN

Zip Code

55305-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPENSAS DEVELOPMENT GROUP  
LLCOccupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277706

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN O'NEILL SCHWAB

Mailing Address 188 FAIR OAKS LANE

City

ATHERTON

State

CA

Zip Code

94027-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287734

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT F. SCHWARZE

Mailing Address 1224 GRAHAM RD  
# 1110

City

FLORISSANT

State

MO

Zip Code

63031-8028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267484

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY C. SCHWINN

Mailing Address 12031 SE BIRKDALE RUN

City

JUPITER

State

FL

Zip Code

33469-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281967

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

15700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

M SCOGGINS

Mailing Address 701 FRANS DR

City

ABINGDON

State

MD

Zip Code

21009-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278657

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

M SCOGGINS

Mailing Address 701 FRANS DR

City

ABINGDON

State

MD

Zip Code

21009-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14280766

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CALVIN W. SCOTT

Mailing Address 4504 KINGSWICK DR

City

ARLINGTON

State

TX

Zip Code

76016-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277907

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. NORMA J. SCOTT

Mailing Address P.O. BOX 750

City

HAWTHORNE

State

NV

Zip Code

89415-0750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271822

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. REX W. SCOUTEN

Mailing Address 9904 COLONY RD.

City

FAIRFAX

State

VA

Zip Code

22030-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277191

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS G. SCRIVNER

Mailing Address 25461 WEST FREMONT ROAD

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-3538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14310211

Amount of Each Receipt this Period

-30800.00

CONTRIBUTION

CHECK RETURNED BY BANK

**SUBTOTAL** of Receipts This Page (optional) .....

-30610.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. SCULLY

Mailing Address 2 GEORGE LANGELOH CT

City

RYE

State

NY

Zip Code

10580-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258326

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LEE E. SEAR

Mailing Address 805 RUE ROYAL

City

METAIRIE

State

LA

Zip Code

70005-3465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290358

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL W. SEDOR

Mailing Address 21755 COUNTRY WAY

City

STRONGSVILLE

State

OH

Zip Code

44149-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOSS INDUSTRIES, INC.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275507

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID A. SEIDL

Mailing Address 2216 E 32ND STREET

City

JOPLIN

State

MO

Zip Code

64804-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272238

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BERNARD Z. SENKOWSKI

Mailing Address 29462 CLIPPER WAY

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272096

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD C. SEVERTSON

Mailing Address 13628 PILOT KNOB RD

City

APPLE VALLEY

State

MN

Zip Code

55124-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265299

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD C. SEVERTSON

Mailing Address 13628 PILOT KNOB RD

City

APPLE VALLEY

State

MN

Zip Code

55124-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266502

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD C. SEVERTSON

Mailing Address 13628 PILOT KNOB RD

City

APPLE VALLEY

State

MN

Zip Code

55124-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288682

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. EVELYN A. SEVERSON

Mailing Address P.O. BOX 22

City

PLATTE

State

SD

Zip Code

57369-0022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267493

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARTHA ANNE SEWELL

Mailing Address 1150 N. CANTERBURY COURT

City

DALLAS

State

TX

Zip Code

75208-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285594

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRYAN SEXTON

Mailing Address PO BOX 61151

City

CORPUS CHRISTI

State

TX

Zip Code

78466-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14271214

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRYAN SEXTON

Mailing Address PO BOX 61151

City

CORPUS CHRISTI

State

TX

Zip Code

78466-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285617

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RIDVAN SEZER

Mailing Address 1711 KINGS HIGHWAY

City

BROOKLYN

State

NY

Zip Code

11229-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TURKISH AMERICAN CHAMBER  
OF COMMERCE

Occupation

BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292434

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J. SHACKLETON

Mailing Address 2119 LONG BEACH BLVD.

City

SHIP BOTTOM

State

NJ

Zip Code

08008-4356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14285403

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NELSON J. SHAFFER

Mailing Address 1715 HILLCREST LANE

City

ASTON

State

PA

Zip Code

19014-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENNONI ASSOCIATES

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286809

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. SHAFFER

Mailing Address 82751 BOSTON CT.

City

INDIO

State

CA

Zip Code

92201-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264251

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NED SHANAMAN

Mailing Address P.O. BOX 163

City

RICHLAND

State

PA

Zip Code

17087-0163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286508

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARL M. SHAPIRO

Mailing Address 10475 MONTAGO  
RD SUITE U

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293197

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD M. SHAPIRO

Mailing Address 11812 FORUM HILL CT.

City

POTOMAC

State

MD

Zip Code

20854-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHAPIRO & DUNCAN

Occupation

SELF - EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287447

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN SHAPIRO

Mailing Address 1155 PARK AVENUE  
APT 4-SW

City

NEW YORK

State

NY

Zip Code

10128-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDENTREE ASSET MANAGEME-  
NT

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287772

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GEORGIA M. SHARPE

Mailing Address 18710 N COUNCIL RD

City

EDMOND

State

OK

Zip Code

73012-9234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290079

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1375.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES SHEETS

Mailing Address 58 PACES LAKES OVERLOOK

City

DALLAS

State

GA

Zip Code

30157-1764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258336

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HOLLY SHEFFIELD

Mailing Address 129 W 20TH ST.

City

NEW YORK

State

NY

Zip Code

10011-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

BANKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290740

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MIKE SHEFFIELD

Mailing Address 10700 WILDCAT CREEK ROAD

City

MANHATTAN

State

KS

Zip Code

66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANHATTAN RADIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RADIOLOGIST

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278297

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARNOLD SHEIFFER

Mailing Address 5 ONECK ROAD

City

WESTHAMPTON BEACH

State

NY

Zip Code

11978-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDENTREE ASSET MANAGEME-  
NT

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285664

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW SHORE

Mailing Address 5904 NORTH 22ND STREET

City

ARLINGTON

State

VA

Zip Code

22205-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOCHUM SHORE & TROSSEVIN/-  
BLACK SWAN

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270361

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUDITH A. SHRADER

Mailing Address 93 DELANNOY AVE APT. 402

City

COCOA

State

FL

Zip Code

32922-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284291

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHNATHAN L. SHUMAN

Mailing Address 512 W TEXAS AVE

City

ARTESIA

State

NM

Zip Code

88210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHNATHAN L SHUMAN PC

Occupation

ACCOUNTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279064

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RICHARD H. SHUTTE

Mailing Address 3842 GRANT AVE

City

DAYTON

State

OH

Zip Code

45431-1598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14285980

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. GAIL SHYMANSKI

Mailing Address 29840 GREENLAND ST.

City

LIVONIA

State

MI

Zip Code

48154-3228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277283

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LT. COL. WILLIAM H. SIBLEY

Mailing Address 3204 REED DR.

City

BELLEVUE

State

NE

Zip Code

68005-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271846

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. SIEFFERT

Mailing Address 740 RANDALL DRIVE

City

TROY

State

MI

Zip Code

48085-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14277017

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL SIEGEL

Mailing Address 200 VESEY STREET  
3 WORLD FINANCIAL CENTER

City

NEW YORK

State

NY

Zip Code

10285-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RBC MARKETS

Occupation  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292447

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CECIL SILAS

Mailing Address 2400 TERRACE DR

City

BARTLESVILLE

State

OK

Zip Code

74006-6237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14265290

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JACK SILBERSTEIN

Mailing Address 515 BOQUEST BLVD

City

PARADISE

State

CA

Zip Code

95969-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292005

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. IAN SILVERSTONE

Mailing Address 225 ZEBLIN RD. NE

City

ATLANTA

State

GA

Zip Code

30342-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268477

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1270.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MURIEL J. SILVERTOOTH

Mailing Address 202 AVILION PL

City

OLGA

State

WA

Zip Code

98279-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269614

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MURIEL J. SILVERTOOTH

Mailing Address 202 AVILION PL

City

OLGA

State

WA

Zip Code

98279-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291323

Amount of Each Receipt this Period

90.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STANLEY W. SILVERMAN

Mailing Address 1472 MUNDOCK ROAD

City

DRESHER

State

PA

Zip Code

19025-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLYMOUTH EXECUTIVE CAMPUSOccupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279031

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. SILVI

Mailing Address 504 WHEATFIELD LANE

City

NEWTOWN

State

PA

Zip Code

18940-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14285666

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD E. SIMMONS

Mailing Address 28 KNOWLTON ROAD

City

WELLSBORO

State

PA

Zip Code

16901-7534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291024

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN H. SIMON

Mailing Address 1383 N CRISS ST

City

CHANDLER

State

AZ

Zip Code

85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270380

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA T. SIMONTON

Mailing Address 240 WINDSOR RDG UNIT 33

City

NEW CASTLE

State

PA

Zip Code

16105-9143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286014

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DEMI SIMPKINS

Mailing Address 800 CLF. RD.

City

ASHEBORO

State

NC

Zip Code

27203-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264596

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM J. SIMPSON

Mailing Address 50 ORDALE BLVD

City

PITTSBURGH

State

PA

Zip Code

15228-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286221

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD E. SINGLETON

Mailing Address 811 CARPENTER DR

City

HOLLISTER

State

CA

Zip Code

95023-9385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290345

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE A. SINKYS

Mailing Address 465 W END AVE  
APT 8 B

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263107

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JIMMY O. SIO

Mailing Address 8604 DINARD PL

City

BAKERSFIELD

State

CA

Zip Code

93311-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288058

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DONNA M. SIPP

Mailing Address P.O. BOX 388

City

HAY SPRINGS

State

NE

Zip Code

69347-0388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14261146

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DONNA M. SIPP

Mailing Address P.O. BOX 388

City

HAY SPRINGS

State

NE

Zip Code

69347-0388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283987

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD SJOBERG

Mailing Address 16 HOLLY LANE

City

THIEF RIVER FALLS

State

MN

Zip Code

56701-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275639

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 491 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TRYGVE SKAAR

Mailing Address 82 DUNBAR RD. E

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283697

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MELIA SKANDALAKIS

Mailing Address 5460 E EL JARDIN ST

City

LONG BEACH

State

CA

Zip Code

90815-4153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265511

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. SKIPPER

Mailing Address 2943 STUART DR.

City

FORT WORTH

State

TX

Zip Code

76104-6766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SKI HI ENTERPRISES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292292

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY J. SMIGIELSKI

Mailing Address 1611 CHICAGO AVE APT. 511

City

EVANSTON

State

IL

Zip Code

60201-4549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283234

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. AGNES T. SMITH

Mailing Address P.O. BOX 537

City

NORTHWOOD

State

ND

Zip Code

58267-0537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286385

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AL SMITH

Mailing Address 5006 FM 154

City

WEST POINT

State

TX

Zip Code

78963-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282318

Amount of Each Receipt this Period

55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 493 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 316 CHESTNUT ST NW

City

HARTSELLE

State

AL

Zip Code

35640-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287012

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHUCK SMITH

Mailing Address 1650 E. 5700 S.

City

OGDEN

State

UT

Zip Code

84403-4972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GET AWAY TODAY.COM

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289649

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE B. SMITH

Mailing Address 906 N SHANNON DR

City

SLOAN

State

IA

Zip Code

51055-7757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANEIL R. SMITH

Mailing Address 240 SEMINOLE LANE

City

GREEN BAY

State

WI

Zip Code

54313-4950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14280222

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAYTON A. SMITH, JR.

Mailing Address 4375 VARSITY LANE

City

HOUSTON

State

TX

Zip Code

77004-6617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF HOUSTONOccupation  
PUBLIC BROADCASTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279103

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EMMONS SMITH

Mailing Address 30230 OAKVIEW WAY

City

BINGHAM FARMS

State

MI

Zip Code

48025-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275478

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. HOWARD L. SMITH, M.D.

Mailing Address 2904 DIAMOND A DR.

City

ROSWELL

State

NM

Zip Code

88201-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287996

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NELDA H. SMITH

Mailing Address 1107 NW 52ND TER.

City

GAINESVILLE

State

FL

Zip Code

32605-4437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291324

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SMITH

Mailing Address 900 W ALPINE WAY APT. 107

City

SHELTON

State

WA

Zip Code

98584-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290124

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 496 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TROY A. SMITH

Mailing Address 2202 YORKSHIRE SE

City

DECATUR

State

AL

Zip Code

35601-3470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265717

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CLAIRE SNEAD

Mailing Address 1901 MONTE VISTA ST

City

DALHART

State

TX

Zip Code

79022-4824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258390

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. SNYDER

Mailing Address 115 ASHLEY VILLA CIR

City

CHARLESTON

State

SC

Zip Code

29414-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14278952

Amount of Each Receipt this Period

80.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WAYNE E. SNYDER

Mailing Address 1225 4TH ST NE

City

WATERTOWN

State

SD

Zip Code

57201-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14263717

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GORDON LINN SOLT

Mailing Address 244 VILLA RD

City

TWIN FALLS

State

ID

Zip Code

83301-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENTERPRISE RENT-A-CAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CAR PREP

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14271177

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW J. SORDONI, III

Mailing Address 45 OWEN STREET

City

FORTY FORT

State

PA

Zip Code

18704-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SORDONI CONSTRUCTION SERV-  
ICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287743

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 498 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL SORRELL

Mailing Address 2900 S. VALLEY VIEW BLVD.

City

LAS VEGAS

State

NV

Zip Code

89102-0178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE SANTA MESA FOUNDATION,  
INC.

Occupation

EXECUTIVE DIRECTOR/CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289596

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KEN SPAIN

Mailing Address 322 SOUTH CAROLINA AVE SE

City

WASHINGTON

State

DC

Zip Code

20003-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIVATE EQUITY GROWTH CAP-  
ITAL COUNCIL

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11.14281818

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JON SPIERS, M.D.

Mailing Address 3313 CASON STREET

City

HOUSTON

State

TX

Zip Code

77005-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J P SPIERS MD

Occupation

CARDIOVASCULAR SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279184

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LOUIS S. SPITZER

Mailing Address 260 PENNSYLVANIA AVE

City

HILLSIDE

State

NJ

Zip Code

07205-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLUETS CORPOccupation  
EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14262810

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EARL C. SPURRIER

Mailing Address 2014 WHITE FEATHER LN.

City

NOKOMIS

State

FL

Zip Code

34275-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286086

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RALPH ST. JOHN

Mailing Address 12736 NORTHERN BLVD

City

FLUSHING

State

NY

Zip Code

11368-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284177

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MANUEL N. STAMATAKIS

Mailing Address 1111 W. DEKALB PIKE

City

WAYNE

State

PA

Zip Code

19087-2180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL MANAGEMENT ENTERP-  
RISES

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283815

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS TERESA STANTON

Mailing Address 9633 RAY ST

City

HUDSON

State

FL

Zip Code

34669-3885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14282017

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DIANA M. STARNES

Mailing Address 111 MOORINGS PARK DR. APT. 130

City

NAPLES

State

FL

Zip Code

34105-2199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284770

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. STASHIK

Mailing Address 1507 EDITH STREET

City

BERKELEY

State

CA

Zip Code

94703-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285661

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. STASHIK

Mailing Address 1507 EDITH STREET

City

BERKELEY

State

CA

Zip Code

94703-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290985

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED A. STEELMAN

Mailing Address 8624 BROW LAKE RD

City

SODDY DAISY

State

TN

Zip Code

37379-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

MINISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14291594

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN C. STEFFEK, M.D.

Mailing Address P.O. BOX 691145

City

HOUSTON

State

TX

Zip Code

77269-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 9 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292514

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES A. STEIDEL

Mailing Address 10040 E HAPPY VALLEY RD  
UNIT 229

City

SCOTTSDALE

State

AZ

Zip Code

85255-2370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292127

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ARLAND T. STEIN

Mailing Address 4296 PRESERVATION AVE

City

NEW ALBANY

State

OH

Zip Code

43054-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292811

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRUCE E. STEIN

Mailing Address 21 PARSONS WAY

City

AVON

State

CT

Zip Code

06001-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293074

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR M. STEPHENS

Mailing Address P.O. BOX 131403

City

BIRMINGHAM

State

AL

Zip Code

35213-6403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267889

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANTE S. STEPHENSEN

Mailing Address 3380 PEACHTREE RD NE

City

ATLANTA

State

GA

Zip Code

30326-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DANTE'S DOWN THE HATCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RESTAURANT OWNER / OPERATOR

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279608

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFF W. STERLING

Mailing Address 2000 BEAVER PLACE AVE SW

City

CANTON

State

OH

Zip Code

44706-1963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEAVER EXCAVATING CO

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258409

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER P. STERN

Mailing Address 630 FIFTH AVENUE  
36TH FLOOR

City

NEW YORK

State

NY

Zip Code

10111-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL GROUP INTERNATION-  
AL

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287767

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELOY C. STEVENS

Mailing Address 3926 CHANNING CIR

City

INDIANAPOLIS

State

IN

Zip Code

46240-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14271180

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 505 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD P. STEWART

Mailing Address 107 S LAUREL AVE APT. 101-A

City

CHARLOTTE

State

NC

Zip Code

28207-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARMY

Occupation  
MILITARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269042

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD P. STEWART

Mailing Address 107 S LAUREL AVE APT. 101-A

City

CHARLOTTE

State

NC

Zip Code

28207-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARMY

Occupation  
MILITARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287799

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GILBERT L. STEWARD, JR.

Mailing Address 137 LARCH ROW

City

WENHAM

State

MA

Zip Code

01984-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287778

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VERA M. STEWART

Mailing Address 712 4TH. AVE

City

FAYETTEVILLE

State

TN

Zip Code

37334-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261969

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VERA M. STEWART

Mailing Address 712 4TH. AVE

City

FAYETTEVILLE

State

TN

Zip Code

37334-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262549

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

VERA M. STEWART

Mailing Address 712 4TH. AVE

City

FAYETTEVILLE

State

TN

Zip Code

37334-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283298

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GERALD H. STICKLER

Mailing Address 255 HEDGEWICK LN.

City

WRIGHTSVILLE

State

PA

Zip Code

17368-9159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OCENCO INC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262535

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE W. STILES

Mailing Address 1505 N CAROLWOOD BLVD.

City

CASSELBERRY

State

FL

Zip Code

32730-2453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287062

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY STILLMAN HARMON

Mailing Address 6251 OLD DOMINION DR. APT. 148

City

MC LEAN

State

VA

Zip Code

22101-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266225

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FRANCES M. STILLWELL

Mailing Address 1301 W WESTCOTT AVE

City

VISALIA

State

CA

Zip Code

93277-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264696

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARCIE R. STIMMEL

Mailing Address 33750 BRIGGS RD

City

MENIFEE

State

CA

Zip Code

92584-9403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14267504

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LUCY C. STITZER

Mailing Address 290 ROUND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

14200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286836

Amount of Each Receipt this Period

14200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

14400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK STITZER

Mailing Address 290 ROUND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMLIN CAPITAL MANAGEMENT

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286835

Amount of Each Receipt this Period

5800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. STIVERS

Mailing Address 15745 UPLANDS WAY SE

City

NORTH BEND

State

WA

Zip Code

98045-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271994

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EARL STOMBAUGH

Mailing Address 26920 148TH AVE

City

BUFFALO GAP

State

SD

Zip Code

57722-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RANCHER & FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262435

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

6100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY L. STOOPS

Mailing Address 2801 BRANDYWINE ROAD

City

SPRINGFIELD

State

IL

Zip Code

62704-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258304

Amount of Each Receipt this Period

185.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GRETCHEN E. STRAUSS

Mailing Address 1269 NATIONAL RD. APT. 19

City

WHEELING

State

WV

Zip Code

26003-5724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14278997

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RENARD STRAUTMAN

Mailing Address 70 E 10TH. ST.  
APT. 10J

City

NEW YORK

State

NY

Zip Code

10003-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRUMONT ADVISORS LTD

Occupation  
STRATEGIC ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292446

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

485.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE STRAWBRIDGE, JR.

Mailing Address 3801 KENNETT PIKE

City

WILMINGTON

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE STRAWBRIDGE

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264276

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LINDA K. STREED

Mailing Address 7700 MOUNT HOLLY RD

City

WAYNESVILLE

State

OH

Zip Code

45068-9628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293545

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GREGORY STRICKLAND

Mailing Address 210 FLOWERS COVE LN.

City

LILBURN

State

GA

Zip Code

30047-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHOW PROS ENTERTAINMENT  
SERVICES

Occupation

TICKET-TAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268499

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

725.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY STRICKLAND

Mailing Address 210 FLOWERS COVE LN.

City

LILBURN

State

GA

Zip Code

30047-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHOW PROS ENTERTAINMENT  
SERVICES

Occupation

TICKET-TAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270856

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GREGORY STRICKLAND

Mailing Address 210 FLOWERS COVE LN.

City

LILBURN

State

GA

Zip Code

30047-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHOW PROS ENTERTAINMENT  
SERVICES

Occupation

TICKET-TAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286075

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GREGORY STRICKLAND

Mailing Address 210 FLOWERS COVE LN.

City

LILBURN

State

GA

Zip Code

30047-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHOW PROS ENTERTAINMENT  
SERVICES

Occupation

TICKET-TAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287491

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOMER DALTON STROOP

Mailing Address 2892 SULPHUR SPRINGS RD

City

MURFREESBORO

State

TN

Zip Code

37129-5853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14288137

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. Z. KARL STRZALKOWSKI

Mailing Address 6 DANDELION DR.

City

BOILING SPRINGS

State

PA

Zip Code

17007-9735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260578

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. STUART, JR.

Mailing Address 150 N. FIELD DRIVE  
SUITE 100

City

LAKE FOREST

State

IL

Zip Code

60045-4847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH STAR INVESTMENTS,  
INC.

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283843

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

16060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY N. STULTZ

Mailing Address 262 DEERFIELD CIR

City

KINGWOOD

State

WV

Zip Code

26537-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263366

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAINIEL S. SULLIVAN

Mailing Address 4943 S PEORIA AVE

City

TULSA

State

OK

Zip Code

74105-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DANIEL S SULLIVAN INC PC/-  
SELF

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281298

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PETER SULLIVAN

Mailing Address 1320 W 24TH ST

City

YUMA

State

AZ

Zip Code

85364-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARIZONA ONCOLOGY ASSO.

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258301

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT N. SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14276960

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT N. SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14292519

Amount of Each Receipt this Period

101.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ARNO SUNGARIAN

Mailing Address 10 WINTHROP ST  
STE 121

City

WORCESTER

State

MA

Zip Code

01604-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258262

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

426.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MISS LOUISE SUTHERLAND

Mailing Address P.O. BOX 559

City State Zip Code  
CLINTWOOD VA 24228-0559

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263220

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. F. JOSEPH SVEC

Mailing Address 266 CHEESTANA WAY

City State Zip Code  
LOUDON TN 37774-2527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284180

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
SVEA SVENSSON

Mailing Address 661 41ST ST APT 2C

City State Zip Code  
BROOKLYN NY 11232-3134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272792

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SVEA SVENSSON

Mailing Address 661 41ST ST APT 2C

City

BROOKLYN

State

NY

Zip Code

11232-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272838

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH D. SWANSON

Mailing Address 17211 VALLEY DR.

City

OMAHA

State

NE

Zip Code

68130-2270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264963

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. SWANSON

Mailing Address 119 TURTLE POINT ROAD

City

TUXEDO PARK

State

NY

Zip Code

10987-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIDGEWOOD RENEWABLE POWER  
CORPORATIONOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297515

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5525.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL SWEENEY

Mailing Address 35081 KENAI SPUR HWY.

City

SOLDOTNA

State

AK

Zip Code

99669-7621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283728

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEWIS V. SWEZY

Mailing Address 1817 SE 7TH STREET

City

FT. LAUDERDALE

State

FL

Zip Code

33316-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWEZY REALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288643

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOYCE SYME

Mailing Address 1760 OCEAN AVE

City

SANTA MONICA

State

CA

Zip Code

90401-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PROPERTY MANAGER

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260956

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5270.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY SZAFRANIC

Mailing Address 308 WEST BAY DRIVE

City

VENICE

State

FL

Zip Code

34285-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292795

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RONALD F. SZOPA, D.M.D.

Mailing Address 753 CHESTNUT ST

City

MANCHESTER

State

NH

Zip Code

03104-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RONALD F SZOPA, D M DOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283684

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVE TALBERT

Mailing Address 3095 RIDGECREST WAY

City

POLLOCK PINES

State

CA

Zip Code

95726-9537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE TOWNHOUSE APARTMENTSOccupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258361

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

570.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN R. TANENBAUM

Mailing Address 229 GLENMOOR RD

City

GLADWYNE

State

PA

Zip Code

19035-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A WISH COME TRUE

Occupation

MANUFACTURING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267929

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY TANIO

Mailing Address 10 JEANNE DR.

City

NEPTUNE

State

NJ

Zip Code

07753-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14262595

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY TANIO

Mailing Address 10 JEANNE DR.

City

NEPTUNE

State

NJ

Zip Code

07753-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274023

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY TANNENBAUM

Mailing Address 1313 DUNDALK AVE

City

DUNDALK

State

MD

Zip Code

21222-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287064

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH F. TATUM

Mailing Address 2600 MIMOSA LN

City

HATTIESBURG

State

MS

Zip Code

39402-2558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264669

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ERNEST N. TAYLOR

Mailing Address 1639 DANBURY RD.

City

CLAREMONT

State

CA

Zip Code

91711-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14271999

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH REESE TAYLOR

Mailing Address 1082 N 150 W

City

AMERICAN FORK

State

UT

Zip Code

84003-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270318

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET A. TAYLOR

Mailing Address 2418 ROGUE VALLEY MANOR DRIVE

City

MEDFORD

State

OR

Zip Code

97504-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272750

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. TELFORD

Mailing Address 21 HARRISON ST

City

WENATCHEE

State

WA

Zip Code

98801-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274857

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MARIUS C. TEODORESCU

Mailing Address 6776 FIELDSTONE DR.

City

WILLOWBROOK

State

IL

Zip Code

60527-5298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270543

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SANDEEP TEPPARA

Mailing Address 216 WEST SPRINGS ROAD

City

COLUMBIA

State

SC

Zip Code

29223-6947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292413

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TERRY L. TERHUNE

Mailing Address P.O. BOX 1478

City

SISTERS

State

OR

Zip Code

97759-1478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288025

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ROBIN TERRELL

Mailing Address P.O. BOX 624

City

HAMILTON

State

TX

Zip Code

76531-0624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258404

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES L. TERRY

Mailing Address 8903 MADEWOOD COURT

City

GRANBURY

State

TX

Zip Code

76049-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284337

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

D G. THOMAS

Mailing Address 3407 N WASHINGTON ST.

City

TACOMA

State

WA

Zip Code

98407-6051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279446

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DAWN E. THOMAS

Mailing Address 12658 SHELBORNE RD

City

CARMEL

State

IN

Zip Code

46032-9246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258354

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MORTIMER H. THOMAS

Mailing Address 5040 16TH AVE. N. E.

City

SEATTLE

State

WA

Zip Code

98105-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269963

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. THOMAS

Mailing Address 494 W 10TH AVE APT 313

City

EUGENE

State

OR

Zip Code

97401-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275553

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD THOMPSON

Mailing Address 12327 NICHOLAS ST

City

OMAHA

State

NE

Zip Code

68154-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROPERTY MGT.

Occupation

REAL ESTATE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269881

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D. THOMPSON

Mailing Address 6517 PRINCETON DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22307-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDMAN SACHS

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289512

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP THOMPSON

Mailing Address 151 SECOND AVE APT 5E

City

NEW YORK

State

NY

Zip Code

10003-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.P. MORGAN

Occupation

PRIVATE BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14282135

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN M. THUROW

Mailing Address 12360 S. INDUSTRIAL DR. E.

City

PLAINFIELD

State

IL

Zip Code

60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPECTRUM TECHNOLOGIES

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275527

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HAL TIDWELL

Mailing Address 790 EMORY VALLEY ROAD  
APARTMENT 205

City

OAK RIDGE

State

TN

Zip Code

37830-6484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEARS

Occupation

ASSOCIATE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268224

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID G. TIGNER

Mailing Address 1259 HARMON LOOP

City

HOMER

State

LA

Zip Code

71040-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267417

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WARREN F. TIGNER

Mailing Address 2203 MILLER RD

City

ROSHARON

State

TX

Zip Code

77583-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286220

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED J. TILLMAN

Mailing Address 5645 MURRAY ROAD

City

MEMPHIS

State

TN

Zip Code

38119-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTURY MANAGEMENT INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292459

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN G. TILTON

Mailing Address 14 DARWIN AVENUE

City

TAKOMA PARK

State

MD

Zip Code

20912-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGILVY GOVERNMENT RELATIO-  
NS

Occupation  
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270369

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5335.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. TOMICK

Mailing Address 8 BEDFORD DR

City

STERLING

State

VA

Zip Code

20165-6008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF DEFENSE

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14261867

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN R. TOMPKINS

Mailing Address 5117 GLENVIEW CT

City

PLANO

State

TX

Zip Code

75093-7570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275035

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. G. TOSTEVIN

Mailing Address 12555 37TH AVE NE

City

SEATTLE

State

WA

Zip Code

98125-4654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269284

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAIN A. TRAFTON

Mailing Address 135 TORY HILL RD.

City

PHILLIPS

State

ME

Zip Code

04966-4050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260664

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. VAN Q. TRAN

Mailing Address 13821 DAWSON ST APT D

City

GARDEN GROVE

State

CA

Zip Code

92843-3190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VAN TRAN & ASSOCIATES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267914

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. VAN Q. TRAN

Mailing Address 13821 DAWSON ST APT D

City

GARDEN GROVE

State

CA

Zip Code

92843-3190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VAN TRAN & ASSOCIATES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279623

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARCHIE W. TRAWICK, JR.

Mailing Address 220 JAKES LANDING RD STE 2

City

LEXINGTON

State

SC

Zip Code

29072-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAKES LANDING

Occupation

MARINA OPERATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14281857

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN P. TRAYNOR

Mailing Address 746 GLENMERE WAY

City

EMERALD HILLS

State

CA

Zip Code

94062-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL HOME LOAN BANK OF  
SF

Occupation

BANKING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265567

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JASON R. TRENNERT

Mailing Address 52 VANDERBILT AVENUE  
9TH FLOOR 9TH FLOOR

City

NEW YORK

State

NY

Zip Code

10017-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STRATEGAS RESEARCH PARTNE-  
RS

Occupation

PROPRIETOR, INST'L BROKERAGE FIRM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286824

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JOSEPH TRETTA

Mailing Address 123 MEDICAL DR  
# A

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| PALESTINE | TX    | 75801-8507 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267482

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DIONISIO TRIGO GONZALEZ

Mailing Address PO BOX 366382

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| SAN JUAN | PR    | 00936-6382 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
INVESTOR

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279126

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RYAN TRIPLETTE

Mailing Address 1512 KINGMAN PLACE, NW

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| WASHINGTON | DC    | 20005-3709 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Occupation  
DIRECTOR OF GOVERNMENT RELATIONS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270368

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES TRIPP

Mailing Address 132 CAREFREE DRIVE

City

CHATHAM

State

IL

Zip Code

62629-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHA INC

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270379

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES TRIPP

Mailing Address 132 CAREFREE DRIVE

City

CHATHAM

State

IL

Zip Code

62629-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHA INC

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290887

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GREGORY TRUBOWITSCH

Mailing Address 1700 CURIE DR  
STE 3800

City

EL PASO

State

TX

Zip Code

79902-2985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260102

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SEN. CAESAR TRUNZO

Mailing Address 105 WASHINGTON AVE

City

BRENTWOOD

State

NY

Zip Code

11717-2723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14262558

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. PETER TSAI

Mailing Address 302 ORCHARD DRIVE

City

SOUTH POINT

State

OH

Zip Code

45680-9687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14278064

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

VIVIAN C H TSE

Mailing Address 955 PARK AVE #6W

City

NEW YORK

State

NY

Zip Code

10028-0321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14274015

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

705.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MORDOKHAY I. TSIMRING

Mailing Address 2542 E 11TH STREET APT 1

City

BROOKLYN

State

NY

Zip Code

11235-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14272218

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ASHELY TURNER, JR.

Mailing Address 828 WOODBURN DRIVE

City

BRENTWOOD

State

TN

Zip Code

37027-8748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266700

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. TURNER, JR.

Mailing Address 3419 E BRIARCLIFF ROAD

City

MOUNTAIN BRK

State

AL

Zip Code

35223-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGIONS FINANCIAL CORP

Occupation  
BANKER-CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292957

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN M. TURNER, JR.

Mailing Address 13 HILLWOOD ROAD

City

MOBILE

State

AL

Zip Code

36608-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGIONS

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292438

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN T. TURNER

Mailing Address 7936 ESCALA DRIVE

City

AUSTIN

State

TX

Zip Code

78735-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289810

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LUEL B. TURNER

Mailing Address 1404 BEAR CREEK RD

City

ADEL

State

GA

Zip Code

31620-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266089

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LUEL B. TURNER

Mailing Address 1404 BEAR CREEK RD

City

ADEL

State

GA

Zip Code

31620-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287831

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LUEL B. TURNER

Mailing Address 1404 BEAR CREEK RD

City

ADEL

State

GA

Zip Code

31620-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287832

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARGARET L. TYLER

Mailing Address 11245 SHORELINE DR APT 221

City

TYLER

State

TX

Zip Code

75703-7458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14274818

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. REINHARD R. ULRICH

Mailing Address 11309 HUNTOVER DR

City

ROCKVILLE

State

MD

Zip Code

20852-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263512

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS STEPHANIE UMBACH

Mailing Address 2302 LINDEN DRIVE

City

VALPARAISO

State

IN

Zip Code

46383-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267097

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ED URIELL

Mailing Address PO BOX 546

City

LAKOTA

State

ND

Zip Code

58344-0546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAKOTA FARM SERVICE INSUR-  
ANCEOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279086

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 539 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GINO VACCARO

Mailing Address 4603 S KING ARTHUR CGT

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AGAPE COUNSELING LTD.

Occupation

PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292027

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MOUJAN VAHDAT

Mailing Address 56 POND ROAD

City

KINGS POINT

State

NY

Zip Code

11024-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14297524

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOY VAN DER POOL

Mailing Address 112 KEEL WAY

City

HORSESHOE BAY

State

TX

Zip Code

78657-6094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286450

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MONA U. VANCOTT

Mailing Address 1011 W 13TH AVE APT C

City

SPOKANE

State

WA

Zip Code

99204-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285482

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MAE E. VANGSNESS

Mailing Address 7300 W DEAN RD. APT. 3060

City

MILWAUKEE

State

WI

Zip Code

53223-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287156

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARC VANPATTEN

Mailing Address 6303 BECKER LINE DR

City

SPRING

State

TX

Zip Code

77379-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

UTILITY INDUSTRY

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285533

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAY VEGA

Mailing Address PO BOX 508

City

LAROSE

State

LA

Zip Code

70373-0508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14270176

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY VENABLE

Mailing Address 1498 HEMLOCK CT.

City

LIBERTY

State

MO

Zip Code

64068-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

C.E.O.

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14289819

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LANA J. VENTO

Mailing Address 6501 RED HOOK PLAZA  
SUITE 201, BOX 534

City

CHARLOTTE AMALIE

State

VI

Zip Code

00802-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VI FOUNDERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

TRUSTEE

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283828

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 / 846

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK VENTRESCA

Mailing Address 145 WEST STATE STREET

City

DOYLESTOWN

State

PA

Zip Code

18901-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MEN'S RETAIL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281374

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LINDA VESTAL

Mailing Address 930 COLORADO DR.

City

ALLEN

State

TX

Zip Code

75013-4851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMM PORTABLE X-RAY

Occupation

VICE PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14264045

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. VIAULT

Mailing Address 49 5TH STREET

City

HERMOSA BEACH

State

CA

Zip Code

90254-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14273142

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1425.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GREG VIGIL

Mailing Address 7705 BUFFALO TRAIL

City

CASTLE ROCK

State

CO

Zip Code

80108-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAVANT ALASKA LLC

Occupation

ENERGY EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14271205

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARIELENA A. VILLMIL

Mailing Address 1256 SOROLLA AVENUE

City

CORAL GABLES

State

FL

Zip Code

33134-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE WASHINGTON ECONOMICS  
GROUP, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14279186

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. VINCENT

Mailing Address 207 CHIMNEY ROCK RD

City

HOUSTON

State

TX

Zip Code

77024-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258353

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. VINCENT

Mailing Address 207 CHIMNEY ROCK RD

City

HOUSTON

State

TX

Zip Code

77024-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289592

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES VISEUR

Mailing Address 901 NE 18TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73105-8203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258281

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL ANN VITOLS

Mailing Address 1 MOREDUN PL.

City

PHILADELPHIA

State

PA

Zip Code

19115-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284846

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALFREDO VOLCKERS

Mailing Address CALLE 655-4 EL ESCOVIAL

City

SAN JUAN

State

PR

Zip Code

00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METRO PAVIA HEALTH

Occupation  
ADM HOSP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14273505

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ERIC VORST

Mailing Address 2729 S WALTER REED DR APT C

City

ARLINGTON

State

VA

Zip Code

22206-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAYRES AND ASSOCIATES CO

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14271184

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS WACHOB

Mailing Address 7119 CREEKS XING

City

W BLOOMFIELD

State

MI

Zip Code

48322-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267261

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ARLYN WADHOLM

Mailing Address 8951 32ND ST NW

City

NEW TOWN

State

ND

Zip Code

58763-9513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275544

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER WAHLICK

Mailing Address 5510 RIVER BLUFF DRIVE

City

MINNEAPOLIS

State

MN

Zip Code

55437-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265215

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. WAKEFIELD

Mailing Address 2804 24TH STREET  
UNIT 8

City

ROCK ISLAND

State

IL

Zip Code

61201-5360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286674

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. WALDEN

Mailing Address 9646 TAY CREEK DR.

City

BRISTOW

State

VA

Zip Code

20136-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

460.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14262027

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. WALDEN

Mailing Address 9646 TAY CREEK DR.

City

BRISTOW

State

VA

Zip Code

20136-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

460.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14272743

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES WALKER

Mailing Address 4202 TUSCANY CT

City

BALTIMORE

State

MD

Zip Code

21210-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

410.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14271607

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEARL WALKER

Mailing Address 6917 BAL LAKE DR

City

FORT WORTH

State

TX

Zip Code

76116-8017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268295

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS A. WALKER

Mailing Address 6412 VICTORIA DR S

City

JACKSONVILLE

State

FL

Zip Code

32216-6156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14265774

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOE WALL

Mailing Address 4121 SOUTH FOUR MILE RUN DRIVE  
#401

City

ARLINGTON

State

VA

Zip Code

22204-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDMAN SACHS

Occupation  
ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270362

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 846

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES WALLS, JR.

Mailing Address 2547 W SAMPLE AVE

City

FRESNO

State

CA

Zip Code

93711-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284052

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID H. WALSH

Mailing Address P.O. BOX 11450

City

JACKSON

State

WY

Zip Code

83002-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292282

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. WARD

Mailing Address 11 MENDONSHIRE DR

City

HONEOYE FALLS

State

NY

Zip Code

14472-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14268634

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

755.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DARBI L. WARREN

Mailing Address 103 S TRANQUIL PATH DR

City  
SPRING

State

TX

Zip Code

77380-2761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14291246

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. R. E. WARREN

Mailing Address P.O. BOX 188

City

SPRUCE HEAD

State

ME

Zip Code

04859-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14277203

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. R. E. WARREN

Mailing Address P.O. BOX 188

City

SPRUCE HEAD

State

ME

Zip Code

04859-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290084

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 551 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEVEN D. WASHBURN

Mailing Address 2167 E RIDGE DR.

City

PINETOP

State

AZ

Zip Code

85935-7260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14282455

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELAINE B. WATKINS

Mailing Address P.O. BOX 157

City

GUY

State

AR

Zip Code

72061-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260965

Amount of Each Receipt this Period

85.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN C. WATKINS

Mailing Address 394 KNICKERBOCKER RD.

City

CRESSKILL

State

NJ

Zip Code

07626-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290147

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WALTER F. WATKINS

Mailing Address 1870 BRIDLE RIDGE TRCE

City

ROSWELL

State

GA

Zip Code

30075-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APOLLO MD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264096

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WALTER F. WATKINS

Mailing Address 1870 BRIDLE RIDGE TRCE

City

ROSWELL

State

GA

Zip Code

30075-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APOLLO MD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287802

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KAREN WAUGH

Mailing Address 8 CINCH RD

City

BELL CANYON

State

CA

Zip Code

91307-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14285023

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. WEAVER

Mailing Address 3519 QUEEN ANN DR

City

CLAYTON

State

NC

Zip Code

27527-8722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBM

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258437

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VAN W. WEBB

Mailing Address 1301 DIEHL ST

City

RALEIGH

State

NC

Zip Code

27608-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14258279

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. WEBRE

Mailing Address P.O. BOX 920919

City

HOUSTON

State

TX

Zip Code

77292-0919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAURICE PINCOFFS CO INC

Occupation

STEEL IMPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14261428

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK L. WEBSTER, III

Mailing Address 4026 BOWSER AVE  
APARTMENT 209

City State Zip Code  
DALLAS TX 75219-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284147

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL B. WEEKS, III

Mailing Address 350 SOUTH JOHN Q. HAMMOND PARKWAY  
STE. 11D

City State Zip Code  
SPRINGFIELD MO 65806-2595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14313635

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

CHARGED BACK

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY L. WEINBERGER

Mailing Address 255 WEST 88TH STREET  
APT. 13C

City State Zip Code  
NEW YORK NY 10024-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14279032

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

4100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN WEISS

Mailing Address 18 OPPER ROAD

City

STAMFORD

State

CT

Zip Code

06903-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MACAU CAPITAL MANAGEMENT

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14282134

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BRENT WEITMAN

Mailing Address 2415 US HWY. 87 E

City

BILLINGS

State

MT

Zip Code

59101-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287985

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DANIEL WELCH

Mailing Address 407 AVENUE K SE

City

WINTER HAVEN

State

FL

Zip Code

33880-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14260101

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

W. WELCH

Mailing Address 5418 ECHOLS AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22311-1343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11.14281819

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. WELLEMEYER

Mailing Address 89 ROSEDALE RD

City

PRINCETON

State

NJ

Zip Code

08540-6701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.14263211

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN WELLS

Mailing Address 1840 N PROSPECT AVE APT 1011

City

MILWAUKEE

State

WI

Zip Code

53202-1965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ARTIST

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275458

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY WELLS

Mailing Address 1115 BROADVIEW PL

City

COLORADO SPGS

State

CO

Zip Code

80904-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286170

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM WELSH

Mailing Address 1433 STOVALL ST

City

AUGUSTA

State

GA

Zip Code

30904-4883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14258291

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. WESSEL

Mailing Address P.O. BOX 1656

City

KINGSHILL

State

VI

Zip Code

00851-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U & W INDUSTRIAL SUPPLYOccupation  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283830

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VICKIE R. WESSEL

Mailing Address 72 EST RIVER RR BOX 2

City

KINGSHILL

State

VI

Zip Code

00850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283831

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARY WHEELER

Mailing Address 86 REBECCA LANE

City

ATHERTON

State

CA

Zip Code

94027-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14275518

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. WHELAN

Mailing Address 84 RUNNING CREEK CIR.

City

ROCHESTER

State

NY

Zip Code

14623-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280162

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. D. WHITESELL

Mailing Address 59 LAUREL RIDGE LANE

City

LYNDHURST

State

VA

Zip Code

22952-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14281850

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JUNE WHITEHEAD

Mailing Address 31 GREENBRIER CT

City

NEW BEDFORD

State

MA

Zip Code

02745-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293092

Amount of Each Receipt this Period

65.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MILES D. WHITE

Mailing Address 1313 N GREEN BAY ROAD

City

LAKE FOREST

State

IL

Zip Code

60045-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABBOT LABORATORIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CHAIRMAN & CEO

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292954

Amount of Each Receipt this Period

12500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

12715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SHERRY WHITE

Mailing Address 2834 W CREEKVIEW DR.

City

GREENFIELD

State

IN

Zip Code

46140-9689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW CASTLE SCHOOL CO

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14285492

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VIRGINIA E. WHITE

Mailing Address 6171 N CAMINO DE MICHAEL

City

TUCSON

State

AZ

Zip Code

85718-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14264786

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEANNE L. WHITING

Mailing Address 7 TWIN SPRING LANE

City

SAINT LOUIS

State

MO

Zip Code

63124-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275655

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5170.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. WHITING

Mailing Address 7 TWIN SPRINGS LANE

City

SAINT LOUIS

State

MO

Zip Code

63124-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATRIOT COAL CORP.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275652

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GENEVA WHITLOW

Mailing Address 507 W OAK DR

City

ROUND ROCK

State

TX

Zip Code

78664-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14269275

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM CUSHING WHITRIDGE, JR.

Mailing Address 19 EDGEWATER DRIVE

City

OLD GREENWICH

State

CT

Zip Code

06870-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE WATER WORLDWIDE LLC

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287784

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

5750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCIE WHITTENBURG

Mailing Address 5018 ESTATE BOETZBERG

City

CHRISTIANSTED

State

VI

Zip Code

00820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STONETREE GROUPOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283837

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELINOR WILKINSON

Mailing Address 6325 CREEKBEND DR.

City

HOUSTON

State

TX

Zip Code

77096-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14271022

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. WILLDEN

Mailing Address 8641 CANYON VIEW DR.

City

LAS VEGAS

State

NV

Zip Code

89117-5821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281874

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FLORENCE A. WILLIAMSON

Mailing Address 103 S YELLOWSTONE AVE.  
APT. D

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| BOZEMAN | MT    | 59718-1902 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14266167

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL J. WILLOUGHBY, JR.

Mailing Address 12389 NW KEARNEY ST

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| PORTLAND | OR    | 97229-4943 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14284310

Amount of Each Receipt this Period

57.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL J. WILSON

Mailing Address 2 SILVER FIR CT

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| LITTLETON | CO    | 80127-2606 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263953

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

357.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEAN WILSON

Mailing Address 2304 PARKWAY DRIVE

City

CRESCENT CITY

State

CA

Zip Code

95531-8526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEL NORTE COUNTY

Occupation

LAW ENFORCEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14281376

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FILOMENA F. WILSON

Mailing Address 47287 YUCATAN DR.

City

FREMONT

State

CA

Zip Code

94539-7142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268538

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KATHRYN WILSON

Mailing Address 241A W EL PORTAL

City

SAN CLEMENTE

State

CA

Zip Code

92672-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14290128

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. VIRGINIA W. WILSON TTEE

Mailing Address 2640 W CASAS CIRCLE

City

TUCSON

State

AZ

Zip Code

85742-9773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287818

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER WINKELRIED

Mailing Address 34 DESBROSSES STREET

City

NEW YORK

State

NY

Zip Code

10013-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDMAN SACHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ANALYST

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283885

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALDEN B. WINTERS

Mailing Address 2811 KABA CT

City

GALVESTON

State

TX

Zip Code

77554-6469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLACK HAWK MANAGEMENT INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CONSULTING ENGINEER

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14287580

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALDEN B. WINTERS

Mailing Address 2811 KABAH CT

City

GALVESTON

State

TX

Zip Code

77554-6469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACK HAWK MANAGEMENT INC.

Occupation

CONSULTING ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.14290936

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA L. WINTERS

Mailing Address 1209 S CEDAR AVE

City

DEMOPOLIS

State

AL

Zip Code

36732-3601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.14278446

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HARRY H. WISE

Mailing Address 56 CATSKILL COURT

City

BELLE MEAD

State

NJ

Zip Code

08502-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.F.S. INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14268078

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID J. WITCHGER

Mailing Address 46 HARTURA WAY

City

HOT SPRINGS

State

AR

Zip Code

71909-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270605

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOREN I. WITKIN

Mailing Address 1725 VICTORY BLVD

City

GLENDALE

State

CA

Zip Code

91201-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITADEL ENVIRONMENTAL SER-  
VICES

Occupation  
ENVIRONMENTAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14289430

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. WITMER

Mailing Address 55725 RIVERDALE DR

City

ELKHART

State

IN

Zip Code

46514-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14283734

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ANNA WOLANIUK

Mailing Address 1475 KISKER RD  
STE 200

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| SAINT CHARLES | MO    | 63304-8788 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263695

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY R. WOODBRIDGE

Mailing Address 2316 WINDROW DR.

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| PRINCETON | NJ    | 08540-5020 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

410.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281848

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY F. WRIGHT

Mailing Address P.O. BOX 300

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| LONDON | TX    | 76854-0300 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263257

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY B. WYNN

Mailing Address 706 8TH ST NW

City

SPRINGHILL

State

LA

Zip Code

71075-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14280031

Amount of Each Receipt this Period

70.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHARON YATES

Mailing Address 1518 MORROW CIRCLE

City

THOUSAND OAKS

State

CA

Zip Code

91362-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266726

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. YATES

Mailing Address 9316 TERRACE VIEW CT.

City

JEROME

State

MI

Zip Code

49249-9783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14273527

Amount of Each Receipt this Period

45.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. TORI DENSMORE YEARTA

Mailing Address PO BOX 145

City

WHITESBURG

State

GA

Zip Code

30185-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRESH START CONVENIENCE,  
INC

Occupation

PRESIDENT OF S-CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14288389

Amount of Each Receipt this Period

185.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. YODER

Mailing Address 40485 MURRIETA HOT SPRINGS RD  
# 252

City

MURRIETA

State

CA

Zip Code

92563-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14286766

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BONNIE J. YOUNG

Mailing Address 202 N MILL ST APT 4

City

COLFAX

State

WA

Zip Code

99111-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14269217

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BONNIE J. YOUNG

Mailing Address 202 N MILL ST APT 4

City

COLFAX

State

WA

Zip Code

99111-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288394

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES F. YOUNG

Mailing Address 100 N. CORPORATE DR - SUITE 10

City

BROOKFIELD

State

WI

Zip Code

53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED INSURANCE SER-  
VICESOccupation  
INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14290845

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND KEITH YOUNG

Mailing Address 6607 WESTSHIRE DR

City

LOUISVILLE

State

KY

Zip Code

40258-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14260629

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SU-FEN YOUNG

Mailing Address 7600 SW 124TH STREET

City

MIAMI

State

FL

Zip Code

33156-6008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287787

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BARRY ZALMA

Mailing Address 4441 SEPULVEDA BLVD

City

CULVER CITY

State

CA

Zip Code

90230-4847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARRY ZALMA INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

LAWYER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.14270685

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JO ELLEN ZAYER

Mailing Address 1605 FUERTE HILLS DR.

City

EL CAJON

State

CA

Zip Code

92020-8409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14271438

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GABRIEL SANCHEZ ZINNY

Mailing Address 88 17TH STREET, NW  
SUITE 800

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE STAR STRATEGIES, LLC

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14290746

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ZINSER

Mailing Address 3158 ORLEANS E

City State Zip Code  
SAN DIEGO CA 92110-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.14260690

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ZINSER

Mailing Address 3158 ORLEANS E

City State Zip Code  
SAN DIEGO CA 92110-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267771

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ZINSER

Mailing Address 3158 ORLEANS E

City

SAN DIEGO

State

CA

Zip Code

92110-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14282437

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ZINSER

Mailing Address 3158 ORLEANS E

City

SAN DIEGO

State

CA

Zip Code

92110-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14284519

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CARDENAS STRATEGIC SOLUTIONS, LLC

Mailing Address 1901 PENNSYLVANIA AVENUE NW  
SUITE 800

City

WASHINGTON

State

DC

Zip Code

20006-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287774

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SEE ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALBERTO R. CARDENAS

Mailing Address 1350 I STREET  
SUITE 275City State Zip Code  
WASHINGTON DC 20005-3305FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287795

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FACIAL SURGERY CENTER, LLC

Mailing Address P.O. BOX 80789

City State Zip Code  
CHARLESTON SC 29416-0789FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14286981

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
 REQUESTED

C.

Full Name (Last, First, Middle Initial)

HANKIN GROUP, LLC

Mailing Address P.O. BOX 562

City State Zip Code  
EXTON PA 19341-0562FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287773

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
 REQUESTED

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
NJ CENTER FOR PAIN AND REHABILITATION LLC

Mailing Address 16 VILLAGE DR.

City State Zip Code  
LIVINGSTON NJ 07039-4310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14266275

Amount of Each Receipt this Period

250.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**B.**

Full Name (Last, First, Middle Initial)  
ONEIDA INDIAN NATION

Mailing Address TERRITORY ROAD, BOX 1

City State Zip Code  
ONEIDA NY 13421-9304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287733

Amount of Each Receipt this Period

30800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
STRADLEY RONON STEVENS & YOUNG LLP

Mailing Address 2600 ONE COMMERCE SQUARE

City State Zip Code  
PHILADELPHIA PA 19103-7018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283814

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SEE ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

36050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SASSO

Mailing Address 2600 ONE COMMERCE SQUARE

City

PHILADELPHIA

State

PA

Zip Code

19103-7018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STRADLEY RONON STEVENS &  
YOUNG, LLP

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283818

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VINCENT B. ZANINOVICH & SONS, LLC

Mailing Address P.O. BOX 1000

City

RICHGROVE

State

CA

Zip Code

93261-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267711

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**C.**

Full Name (Last, First, Middle Initial)

WILEY REIN L.L.P.

Mailing Address 1776 K STREET NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20006-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292964

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SEE ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCOTT MCCALED

Mailing Address 1776 K STREET, NW

City

WASHINGTON

State

DC

Zip Code

20006-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILEY REIN LLP

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293832

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD L. MCCONNELL

Mailing Address 619 POTOMAC RIVER RD

City

MC LEAN

State

VA

Zip Code

22102-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILEY REIN LLP

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293833

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS NAVIN

Mailing Address 1776 K STREET, NW

City

WASHINGTON

State

DC

Zip Code

20006-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILEY REIN LLP

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293834

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 846

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT PETTIT

Mailing Address 1776 K ST NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILEY REIN LLP

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293835

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BERT REIN

Mailing Address 1776 K ST NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILEY REIN LLP

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14294651

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM ROBERTS

Mailing Address 1776 K STREET NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILEY REIN LLP

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14293836

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENNETT L. ROSS

Mailing Address 7719 TOMLINSON AVE

City

CABIN JOHN

State

MD

Zip Code

20818-1304

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WILEY REIN LLPOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293837

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. R. MICHAEL SENKOWSKI

Mailing Address 9559 BELL DRIVE

City

GREAT FALLS

State

VA

Zip Code

22066-3723

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WILEY REIN LLPOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293840

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

NANCY VICTORY

Mailing Address 1776 K STREET, NW

City

WASHINGTON

State

DC

Zip Code

20006-2304

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WILEY REIN LLPOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293838

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 846

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELGI WALKER

Mailing Address 1776 K STREET NW

City

WASHINGTON

State

DC

Zip Code

20006-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILEY REIN LLPOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14293839

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

1611541.95

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 846

(check only one)

|                              |   |                              |   |
|------------------------------|---|------------------------------|---|
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14             | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KAREN BROWN FOR MAYOR

Mailing Address 918 SIGEL ST

City

PHILADELPHIA

State

PA

Zip Code

19148-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287736

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BACHUS REELECTION

Mailing Address P.O. BOX 131134

City

BIRMINGHAM

State

AL

Zip Code

35213-6134

FEC ID number of contributing  
federal political committee.

**C**

C00260547

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11.14288641

Amount of Each Receipt this Period

100000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT CONGRESSMAN CHRIS SMITH

Mailing Address PO BOX 3184

City

HAMILTON

State

NJ

Zip Code

08619-0184

FEC ID number of contributing  
federal political committee.

**C**

C00096412

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287749

Amount of Each Receipt this Period

25000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 4963 BEACH BLVD.  
SUTE 1

City

JACKSONVILLE

State

FL

Zip Code

32207-4802

FEC ID number of contributing  
federal political committee.

**C**

C00352849

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14263939

Amount of Each Receipt this Period

50000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

175000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
|                              |                              |   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN THOMPSON

Mailing Address P.O. BOX 1302

City

LEWISTOWN

State

PA

Zip Code

17044-3302

FEC ID number of contributing  
federal political committee.**C**

C00444620

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14279133

Amount of Each Receipt this Period

12000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE 1-2

City

WEST CHESTER

State

OH

Zip Code

45069-6602

FEC ID number of contributing  
federal political committee.**C**

C00237198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292471

Amount of Each Receipt this Period

1000000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214  
E. MT. VERNON STREET

City

SOMERSET

State

KY

Zip Code

42502-1214

FEC ID number of contributing  
federal political committee.**C**

C00116632

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

53700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263937

Amount of Each Receipt this Period

38700.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

1050700.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |   |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214

E. MT. VERNON STREET

City

SOMERSET

State

KY

Zip Code

42502-1214

FEC ID number of contributing  
federal political committee.**C**

C00116632

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

53700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287775

Amount of Each Receipt this Period

15000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

HALL FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 711

City

ROCKWALL

State

TX

Zip Code

75087-0711

FEC ID number of contributing  
federal political committee.**C**

C00120683

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283839

Amount of Each Receipt this Period

10000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

HOOSIERS FOR ROKITA

Mailing Address 7643 EAST U.S. HIGHWAY 36

City

AVON

State

IN

Zip Code

46123-7972

FEC ID number of contributing  
federal political committee.**C**

C00476192

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

18000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281353

Amount of Each Receipt this Period

15000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

40000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES STREET  
SUITE 100

City State Zip Code  
FORT WORTH TX 76102-5473

FEC ID number of contributing  
federal political committee.

**C** C00310532

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14263938

Amount of Each Receipt this Period

28500.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

KEN MARCHANT FOR CONGRESS

Mailing Address P.O. BOX 110187

City State Zip Code  
CARROLLTON TX 75011-0187

FEC ID number of contributing  
federal political committee.

**C** C00393348

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14263941

Amount of Each Receipt this Period

15000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. BOX 12667

City State Zip Code  
BAKERSFIELD CA 93389-2667

FEC ID number of contributing  
federal political committee.

**C** C00420935

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287752

Amount of Each Receipt this Period

250000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

293500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |   |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
KNOLLENBERG FOR CONGRESS COMMITTEEMailing Address 31000 TELEGRAPH ROAD  
SUITE 110City State Zip Code  
BINGHAM FARMS MI 48025-4321FEC ID number of contributing  
federal political committee. **C** C00266767

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14288640

Amount of Each Receipt this Period

100.00

TRANSFER

**B.**Full Name (Last, First, Middle Initial)  
LEE TERRY FOR CONGRESS

Mailing Address PO BOX 540098

City State Zip Code  
OMAHA NE 68154-0098FEC ID number of contributing  
federal political committee. **C** C00330811

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267712

Amount of Each Receipt this Period

33000.00

TRANSFER

**C.**Full Name (Last, First, Middle Initial)  
LUCAS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1726

City State Zip Code  
OKLAHOMA CITY OK 73101-1726FEC ID number of contributing  
federal political committee. **C** C00287912

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283838

Amount of Each Receipt this Period

55000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

88100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
|                              |                              |   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City

TOPEKA

State

KS

Zip Code

66601-1441

FEC ID number of contributing  
federal political committee.**C**

C00433730

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

44200.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287776

Amount of Each Receipt this Period

6000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City

HICKORY

State

NC

Zip Code

28603-1406

FEC ID number of contributing  
federal political committee.**C**

C00393629

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14270375

Amount of Each Receipt this Period

50000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City

DENTON

State

TX

Zip Code

76202-2334

FEC ID number of contributing  
federal political committee.**C**

C00372532

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263940

Amount of Each Receipt this Period

20000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

76000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
NUNNELEE FOR CONGRESS

Mailing Address 438 EAST MAIN STREET  
PO BOX 7092

City State Zip Code  
TUPELO MS 38804-4020

FEC ID number of contributing  
federal political committee. **C** C00464487

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11.14283846

Amount of Each Receipt this Period

32000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)  
PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City State Zip Code  
ATHENS GA 30604-6337

FEC ID number of contributing  
federal political committee. **C** C00432955

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279132

Amount of Each Receipt this Period

5000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)  
PETE KING FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1428

City State Zip Code  
SEAFORD NY 11783-0257

FEC ID number of contributing  
federal political committee. **C** C00272211

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292970

Amount of Each Receipt this Period

500.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

37500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City

ROSWELL

State

GA

Zip Code

30077-0425

FEC ID number of contributing  
federal political committee.

**C**

C00386755

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

106000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14281352

Amount of Each Receipt this Period

100000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 904

City

DUNN

State

NC

Zip Code

28335-0904

FEC ID number of contributing  
federal political committee.

**C**

C00471896

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.14267713

Amount of Each Receipt this Period

5000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

ROB WITTMAN FOR CONGRESS

Mailing Address P.O. BOX 999

City

MONTROSS

State

VA

Zip Code

22520-0999

FEC ID number of contributing  
federal political committee.

**C**

C00441014

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292971

Amount of Each Receipt this Period

30000.00

TRANSFER

**SUBTOTAL** of Receipts This Page (optional) .....

135000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |   |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1113

City

ANNISTON

State

AL

Zip Code

36202-1113

FEC ID number of contributing  
federal political committee.**C**

C00367862

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281351

Amount of Each Receipt this Period

30000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City

WHEATON

State

IL

Zip Code

60187-0713

FEC ID number of contributing  
federal political committee.**C**

C00410969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281354

Amount of Each Receipt this Period

15000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS

Mailing Address 2900 CLEARVIEW PARKWAY

City

METAIRIE

State

LA

Zip Code

70006-6532

FEC ID number of contributing  
federal political committee.**C**

C00394957

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

48000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14297505

Amount of Each Receipt this Period

5000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) .....

50000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |   |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SENSENBRENNER COMMITTEE

Mailing Address P.O. BOX 575

City

BROOKFIELD

State

WI

Zip Code

53008-0575

FEC ID number of contributing  
federal political committee.**C**

C00083428

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287750

Amount of Each Receipt this Period

15000.00

TRANSFER

**B.**

Full Name (Last, First, Middle Initial)

WOODALL FOR CONGRESS

Mailing Address P.O. BOX 1871

City

LAWRENCEVILLE

State

GA

Zip Code

30046-1871

FEC ID number of contributing  
federal political committee.**C**

C00482307

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287777

Amount of Each Receipt this Period

6000.00

TRANSFER

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 1300 WILSON BLVD.

City

ARLINGTON

State

VA

Zip Code

22209-2323

FEC ID number of contributing  
federal political committee.**C**

C00252338

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292453

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

26000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN LAND TITLE ASSOCIATION PAC

Mailing Address 1828 L. STREET NW  
SUITE 705

City State Zip Code  
WASHINGTON DC 20036-5107

FEC ID number of contributing  
federal political committee.

**C** C00012914

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287746

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN RESORT DEVELOPMENT ASSOCIATION, PAC

Mailing Address 1201 15TH STREET, NW  
SUITE 400

City State Zip Code  
WASHINGTON DC 20005-2842

FEC ID number of contributing  
federal political committee.

**C** C00358663

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287748

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ASIAN AMERICAN HOTEL OWNER ASSOCIATION PAC

Mailing Address 228 S. WASHINGTON ST. STE. 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00336743

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292968

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ASSOCIATED BUILDERS AND CONTRACTORS PAC

Mailing Address 4250 FAIRFAX DRIVE  
9TH FLOOR

City State Zip Code  
ARLINGTON VA 22203-1665

FEC ID number of contributing  
federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292966

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN PAC (APIPAC)

Mailing Address 8136 OLD KEENE MILL ROAD  
SUITE 300A

City State Zip Code  
SPRINGFIELD VA 22152-1853

FEC ID number of contributing  
federal political committee. **C** C00490573

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.14292425

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC (AFIT)

Mailing Address 1625 PRINCE STREET  
SUITE 225

City State Zip Code  
ALEXANDRIA VA 22314-2882

FEC ID number of contributing  
federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.14283840

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

23500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BLANK ROME PAC

Mailing Address 600 NEW HAMPSHIRE AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20037-2403

FEC ID number of contributing  
federal political committee.

**C**

C00150797

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292456

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BLANK ROME PAC

Mailing Address 600 NEW HAMPSHIRE AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20037-2403

FEC ID number of contributing  
federal political committee.

**C**

C00150797

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292457

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BLUECROSS BLUESHIELD ASSOCIATION

Mailing Address 1310 G STREET, NW  
12TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20005-3001

FEC ID number of contributing  
federal political committee.

**C**

C00286922

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292967

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAESARS ENTERTAINMENT

Mailing Address ONE CAESARS PALACE DRIVE

City

LAS VEGAS

State

NV

Zip Code

89109-8969

FEC ID number of contributing  
federal political committee.

**C**

C00239947

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.14267718

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CARPENTERS FEDERAL PAC OF PHILADELPHIA & VICINITY METROPOLIT

Mailing Address 1803 SPRING GARDEN STREET

City

PHILADELPHIA

State

PA

Zip Code

19130-3916

FEC ID number of contributing  
federal political committee.

**C**

C00260893

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286807

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CASH AMERICA INTERNATIONAL, INC., PAC

Mailing Address 1600 W. 7TH STREET

City

FORT WORTH

State

TX

Zip Code

76102-2504

FEC ID number of contributing  
federal political committee.

**C**

C00275529

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.14283887

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

21000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CMR PAC

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing  
federal political committee.

**C**

C00469429

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279134

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

COBHAM HOLDINGS, INC. PAC

Mailing Address 2121 CRYSTAL DR. STE 625

City

ARLINGTON

State

VA

Zip Code

22202-3797

FEC ID number of contributing  
federal political committee.

**C**

C00457051

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286808

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COMPUTER SCIENCES CORPORATION PAC

Mailing Address 3170 FAIRVIEW PARK DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22042-4516

FEC ID number of contributing  
federal political committee.

**C**

C00101410

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.14286805

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 846

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVITA PAC

Mailing Address 1155 15TH STREET NW, SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005-2714

FEC ID number of contributing  
federal political committee.**C**

C00340943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283841

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DAY &amp; ZIMMERMAN INC. FEDERAL PAC

Mailing Address 1500 SPRING GARDEN ST STE 500

City

PHILADELPHIA

State

PA

Zip Code

19130-4070

FEC ID number of contributing  
federal political committee.**C**

C00341271

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286804

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DUANE MORRIS LLP GOVERNMENT COMMITTEE FUND

Mailing Address 505 9TH STREET NW SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20004-2166

FEC ID number of contributing  
federal political committee.**C**

C00364133

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286806

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |   |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
FREEDOM AND SECURITY PACMailing Address 228 S. WASHINGTON STREET  
SUITE 115City State Zip Code  
ALEXANDRIA VA 22314-5404FEC ID number of contributing  
federal political committee.**C** C00437061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287754

Amount of Each Receipt this Period

12000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
GENESIS HEALTHCARE CORPORATION PAC

Mailing Address 101 E. STATE STREET

City State Zip Code  
KENNETT SQUARE PA 19348-3109FEC ID number of contributing  
federal political committee.**C** C00292094

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14286803

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
GENWORTH FINANCIAL PACMailing Address 701 13TH STREET, NW  
SUITE 710City State Zip Code  
WASHINGTON DC 20005-3967FEC ID number of contributing  
federal political committee.**C** C00404194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287755

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

18000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GOLDEN HORIZONS CARE PAC (GGNSC HOLDINGS LLC)

Mailing Address 1099 NEW YORK STATE AVENUE  
SUITE 500

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00346346

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.14287753

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GREGGPAC

Mailing Address 120 N. CONGRESS STREET  
SUITE 300

City State Zip Code  
JACKSON MS 39201-2685

FEC ID number of contributing  
federal political committee.

**C** C00455980

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.14275592

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

INTERNATIONAL TRANSMISSION COMPANY (ITC HOLDINGS) PAC

Mailing Address 1301 I STREET NW  
SUITE 300 W.

City State Zip Code  
WASHINGTON DC 20005-3308

FEC ID number of contributing  
federal political committee.

**C** C00388462

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275636

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KEYSTONE ALLIANCE PAC

Mailing Address P.O. BOX 3883

City

PHILADELPHIA

State

PA

Zip Code

19146-0183

FEC ID number of contributing  
federal political committee.

**C**

C00432096

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292476

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LONE STAR LEADERSHIP PAC

Mailing Address 7315 WISCONSIN AVE STE 705

City

BETHESDA

State

MD

Zip Code

20814-3202

FEC ID number of contributing  
federal political committee.

**C**

C00415208

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.14263942

Amount of Each Receipt this Period

7125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MAJORITY IN CONGRESS PAC

Mailing Address 601 N. FERNCREEK AVENUE  
SUITE 200

City

ORLANDO

State

FL

Zip Code

32803-4839

FEC ID number of contributing  
federal political committee.

**C**

C00402909

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11.14287751

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

22125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 846

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MCDONALD'S CORPORATION PACMailing Address 1200 17TH STREET, NW  
SUITE 603

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| WASHINGTON | DC    | 20036-3000 |

FEC ID number of contributing  
federal political committee.**C** C00063164

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292474

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
MICHIGAN FIRST PACMailing Address 901 N. WASHINGTON STREET  
SUITE 102

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| ALEXANDRIA | VA    | 22314-1535 |

FEC ID number of contributing  
federal political committee.**C** C00495317

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14263943

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
MORTGAGE BANKERS ASSOCIATION OF AMERICA

Mailing Address 1919 PENNSYLVANIA AVENUE, NW

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| WASHINGTON | DC    | 20006-3400 |

FEC ID number of contributing  
federal political committee.**C** C00004812

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14281356

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

29000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
|                              |                              |   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
MVP HEALTH CARE INC FEDERAL PACMailing Address 625 STATE STREET  
PO BOX 2207City State Zip Code  
SCHENECTADY NY 12305-2111FEC ID number of contributing  
federal political committee. **C** C00431429

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292478

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF CHAIN DRUG STORES

Mailing Address P.O. BOX 1417-D49

City State Zip Code  
ALEXANDRIA VA 22313FEC ID number of contributing  
federal political committee. **C** C00022368

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14275637

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
NATIONAL VENTURE CAPITAL ASSOCIATION PAC

Mailing Address 1655 NORTH FORT MYER DR., SUITE 85

City State Zip Code  
ARLINGTON VA 22209-3199FEC ID number of contributing  
federal political committee. **C** C00150367

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292454

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

18500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NUCOR CORPORATION PAC

Mailing Address 1915 REXFORD ROAD

City

CHARLOTTE

State

NC

Zip Code

28211-3465

FEC ID number of contributing  
federal political committee.

**C**

C00379628

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292477

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ORACLE CORPORATION PAC

Mailing Address 1015 15TH STREET NW  
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20005-2635

FEC ID number of contributing  
federal political committee.

**C**

C00323048

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.14281355

Amount of Each Receipt this Period

3750.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PATRIOT COAL CORPORATION PAC

Mailing Address 12312 OLIVE BLVD.  
SUITE 400

City

ST. LOUIS

State

MO

Zip Code

63141-6448

FEC ID number of contributing  
federal political committee.

**C**

C00452524

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.14275638

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

13750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

QUICKEN LOANS PAC

Mailing Address 101 S. WASHINGTON SQUARE  
SUITE 620

City State Zip Code  
LANSING MI 48933-1708

FEC ID number of contributing  
federal political committee.

**C** C00388827

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292455

Amount of Each Receipt this Period

11150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REGENCE BLUEPAC

Mailing Address 1310 G STREET, NW 12TH FLOOR

City State Zip Code  
WASHINGTON DC 20005-3001

FEC ID number of contributing  
federal political committee.

**C** C00252684

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.14292969

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROAD TO FREEDOM PAC

Mailing Address 228 SOUTH WASHINGTON STREET  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00486043

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.14279135

Amount of Each Receipt this Period

12500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

26150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |   |                             |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SEQUA- CHROMALLOY PAC

Mailing Address 8860 COLUMBIA 100 PARKWAY  
SUITE 301City State Zip Code  
COLUMBIA MD 21045-2298FEC ID number of contributing  
federal political committee.**C** C00235911

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292479

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SIERRA PACIFIC EMPLOYEES PAC

Mailing Address P.O. BOX 81500

City State Zip Code  
LAS VEGAS NV 89180-1500FEC ID number of contributing  
federal political committee.**C** C00153379

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267715

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SOCIETY FOR RELIEF OF DISTRESSED AND DECAYED PILOTS PAC

Mailing Address PO BOX 347479

City State Zip Code  
PHILADELPHIA PA 19148FEC ID number of contributing  
federal political committee.**C** C00240457

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267717

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

18500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
|                              |                              |   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STATION CASINOS INC. PAC

Mailing Address 1505 S. PAVILION CENTER DRIVE

City

LAS VEGAS

State

NV

Zip Code

89135-1403

FEC ID number of contributing  
federal political committee.**C**

C00263731

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267714

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SWEDISH MATCH PAC

Mailing Address 7300 BEAUFONT SPRINGS DR.  
P.O. BOX 13297

City

RICHMOND

State

VA

Zip Code

23225-5551

FEC ID number of contributing  
federal political committee.**C**

C00215053

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292965

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TESORO CORPORATION PAC

Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 600 SOUTH

City

WASHINGTON

State

DC

Zip Code

20004-2502

FEC ID number of contributing  
federal political committee.**C**

C00358366

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14287747

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

18000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 / 846

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
|                              |                              |   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TESORO CORPORATION PAC

Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 600 SOUTHCity State Zip Code  
WASHINGTON DC 20004-2502FEC ID number of contributing  
federal political committee. **C** C00358366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14292475

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TOM JAMES COMPANY PAC

Mailing Address 1155 21ST ST NW SUITE 300

City State Zip Code  
WASHINGTON DC 20036-3312FEC ID number of contributing  
federal political committee. **C** C00337972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14267716

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TUESDAY GROUP PAC

Mailing Address P.O. BOX 11586

City State Zip Code  
WASHINGTON DC 20008-0786FEC ID number of contributing  
federal political committee. **C** C00433060

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11.14283842

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

10500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 846

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UNITED AIRLINES PAC

Mailing Address 1025 CONNECTICUT AVE, NW  
SUITE 1210

City State Zip Code  
WASHINGTON DC 20036-5405

FEC ID number of contributing  
federal political committee.

**C** C00078261

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292472

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

UNITED EGG ASSOCIATION P. A. C. - EGGPAC

Mailing Address 1720 WINDWARD CONCOURSE SUITE 23

City State Zip Code  
ALPHARETTA GA 30005-2291

FEC ID number of contributing  
federal political committee.

**C** C00172841

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292473

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WESTINGHOUSE ELECTRIC COMPANY PAC

Mailing Address 900 19TH STREET NW  
SUITE 350

City State Zip Code  
WASHINGTON DC 20006-2125

FEC ID number of contributing  
federal political committee.

**C** C00346361

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.14292480

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

16000.00

**TOTAL** This Period (last page this line number only) .....

2308325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN VICTORY FUND 2010

Mailing Address 22780 INDIAN CREEK DRIVE  
STE 100

City State Zip Code  
DULLES VA 20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

146605.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA12.AMV001

Amount of Each Receipt this Period

22796.75

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY JONES

Mailing Address P.O. BOX 3799

City State Zip Code  
SARASOTA FL 34230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JONES CHEMICAL INC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA12.14310288

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: AMERICAN VICTORY FUND 2010

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN JONES

Mailing Address P.O. BOX 3799

City State Zip Code  
SARASOTA FL 34230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JONES CHEMICAL INC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA12.14310289

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: AMERICAN VICTORY FUND 2010

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

22796.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 310 FIRST STREET, SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2289366.09

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.BFS001

Amount of Each Receipt this Period

1031233.22

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES AKERS

Mailing Address 430 THORNHILL LN.

City State Zip Code  
MIDDLETOWN OH 45042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AKERS PACKAGING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310457

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
MR. NICHOLAS K. AKINS

Mailing Address 7788 BOYSTON COURT

City State Zip Code  
DUBLIN OH 43016-9488

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AEP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310461

Amount of Each Receipt this Period

1000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

1031233.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSSELL ALLEN

Mailing Address ROUTE 2, P.O. BOX 135

City

DAHLGREN

State

IL

Zip Code

62828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLEN TRUCKING LLC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310495

Amount of Each Receipt this Period

30000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL L. BAKER

Mailing Address 5855 OAKRIDGE DRIVE

City

HAMILTON

State

OH

Zip Code

45011-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAKER CONCRETE CONSTRUCTI-  
ON

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310440

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. R. BAUGHAN

Mailing Address 126 WEST PACES ROAD

City

MOORESVILLE

State

NC

Zip Code

28117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE BAUGHAN GROUP

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310486

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HELEN BENJAMIN

Mailing Address 40 QUINTARD AVENUE

City

SOUTH NORWALK

State

CT

Zip Code

06854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWISHER INTERNATIONAL

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310327

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT BENNETT

Mailing Address 636 SOUTH GRANT AVENUE

City

COLUMBUS

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO REPUBLICAN PARTY

Occupation

CHAIRMAN EMERITUS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310432

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. ART BOSTON

Mailing Address P.O. BOX 73

City

CLARINGTON

State

OH

Zip Code

43915-0073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D.O.V.E.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310496

Amount of Each Receipt this Period

25000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA BRIGHTON

Mailing Address 1100 PEQUOT AVENUE

City

SOUTHPORT

State

CT

Zip Code

06890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWISHER INTERNATIONAL

Occupation

VICE PRESIDENT OF FINANCIAL SERVICES &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310328

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM BURGETT

Mailing Address 2922 LOST RUN ROAD

City

FREDERICKTOWN

State

OH

Zip Code

43019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOKOSING CONSTRUCTION, CO.  
INC.

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310458

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. FRANK CALANDRA

Mailing Address 258 KAPPA DR.  
P.O. BOX 111253

City

PITTSBURGH

State

PA

Zip Code

15238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JENNAMAR CORP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310487

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT COLETTI

Mailing Address 4500 MUCHMORE ROAD

City

CINCINNATI

State

OH

Zip Code

45243-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEATING

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310410

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER M. CRANE

Mailing Address 2450 PERSIMMON DRIVE

City

SAINT CHARLES

State

IL

Zip Code

60174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXELON

Occupation

PRESIDENT AND COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310449

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS CUSHMAN

Mailing Address 120 DANIEL STREET

City

BECKLEY

State

WV

Zip Code

25801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHILLIPS MACHINE SERVICE

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28334.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310493

Amount of Each Receipt this Period

28334.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHARON DEWITT

Mailing Address 457 LAKEVIEW DRIVE

City

MORGANTOWN

State

WV

Zip Code

26508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONONGALIA COUNTY BOARD  
OF EDUCATION

Occupation  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310419

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS DEWITT

Mailing Address 457 LAKEVIEW DRIVE

City

MORGANTOWN

State

WV

Zip Code

26508-9295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWANSON INDUSTRIES INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310418

Amount of Each Receipt this Period

5800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DEWITT

Mailing Address 300 MAIN STREET

City

CINCINNATI

State

OH

Zip Code

45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REYNOLDS, DEWITT & COMPANY

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310422

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. DONAGHY

Mailing Address 2363 S CEDAR AVE

City

FRESNO

State

CA

Zip Code

93725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TARM INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310454

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK DULIN

Mailing Address 1010 GREYSTONE CIRCLE

City

MORGANTOWN

State

WV

Zip Code

26508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWANSON INDUSTRIES

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310421

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES EVANS

Mailing Address 1 E. 4TH STREET  
APT 919

City

CINCINNATI

State

OH

Zip Code

45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN FINANCIAL CORP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310398

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. A. FALBO

Mailing Address 102 FIFTH AVENUE

City

MONTGOMERY

State

WV

Zip Code

25136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTGOMERY EQUIPMENT

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310499

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MRS. VICKIE FALBO

Mailing Address 102 FIFTH AVENUE

City

MONTGOMERY

State

WV

Zip Code

25136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310500

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOYCE FARMER

Mailing Address 8525 FOX CLUB LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310483

Amount of Each Receipt this Period

27900.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. FARMER

Mailing Address 6847 CINTAS BOULEVARD  
SUITE 120

City State Zip Code  
MASON OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINTAS CORPORATION

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310462

Amount of Each Receipt this Period

400.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT D. FARMER

Mailing Address 6847 CINTAS BOULEVARD  
SUITE 120

City State Zip Code  
MASON OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINTAS

Occupation  
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310412

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

L. FRANTZ

Mailing Address 8 SOUND SHORE DRIVE

City State Zip Code  
GREENWICH CT 06830-7242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAEBLER CAPITAL

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310453

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. GARDNER

Mailing Address 20 DOLPHIN LANE

City

KEY LARGO

State

FL

Zip Code

33037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINTAS CORPORATION

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310409

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM GIBSON

Mailing Address 1241 KINGS ROAD

City

MORGANTOWN

State

WV

Zip Code

26508-9155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWANSON INDUSTRIES

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310420

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY L. GROSS

Mailing Address 14300 RIDGE ROAD  
SUITE 300

City

NORTH ROYALTON

State

OH

Zip Code

44133-4936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GROSS BUILDERS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310423

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARLEY I. GROSS

Mailing Address 14300 RIDGE ROAD  
SUITE 100

City State Zip Code  
NORTH ROYALTON OH 44133-4936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GROSS BUILDERS

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310424

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES HADDEN

Mailing Address 41 SOUTH HIGH STREET

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PORTER WRIGHT LLP

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310443

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. HARRIS

Mailing Address 23300 W. OAKLAND AVE.

City State Zip Code  
COALINGA CA 93210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARRIS FARMS

Occupation  
CHAIRMAN/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310460

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID HERRO

Mailing Address 65 EAST GOETHE STREET  
APARTMENT 3N

City State Zip Code  
CHICAGO IL 60610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARRIS ASSOCIATES LP

Occupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310382

Amount of Each Receipt this Period

30000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MR. FREDERICK HOLZBERGER

Mailing Address 122 PINNACLE PEAK

City State Zip Code  
FAIRFIELD OH 45014-8248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AVEDA FREDRICKS INSTITUTE

Occupation  
FOUNDER & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310459

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY HURT

Mailing Address 29425 CHAGRIN BOULEVARD  
SUITE 300

City State Zip Code  
PEPPER PIKE OH 44122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DIVERSIFIED RESOURCES

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310494

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES JOHNSON

Mailing Address 565 REMILLARD DRIVE

City

HILLSBOROUGH

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRANKLIN RESOURCES INC

Occupation

PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310399

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE JOSEPH

Mailing Address 6847 CINTAS BOULEVARD  
SUITE 120

City

MASON

State

OH

Zip Code

45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOSEPH AUTO

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310411

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT KOHLHEPP

Mailing Address 100 WEST RIVERCENTER BOULEVARD

City

COVINGTON

State

KY

Zip Code

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINTAS CORPORATION

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310408

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER S. KOHUT

Mailing Address 67544 POGUE ROAD

City

ST. CLAIRSVILLE

State

OH

Zip Code

43950-8415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LARROL SUPPLY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310437

Amount of Each Receipt this Period

7500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MR. E. RANDOLPH LABBE

Mailing Address 4935 SW. BARNES ROAD

City

PORTLAND

State

OR

Zip Code

97221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KERR PACIFIC CORP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310436

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MR. S. CRAIG LINDNER

Mailing Address 7725 BUCKINGHAM ROAD

City

CINCINNATI

State

OH

Zip Code

45243-1605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN FINANCIAL CORP

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310503

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH R. MAAS

Mailing Address 200 SALES DR.

City

HARRISON

State

OH

Zip Code

45030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JTM FOOD GROUP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310452

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY MATHILE

Mailing Address 1875 KEYS CRESCENT

City

CINCINNATI

State

OH

Zip Code

45206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRANKLIN BRAZING

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310439

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. MCCONNELL

Mailing Address 200 OLD WILSON BRIDGE ROAD

City

WORTHINGTON

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WORTHINGTON INDUSTRIES

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310413

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES MORGAN

Mailing Address 12728 LA CRESTA DR.

City

LOS ALTOS HILLS

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APPLIED MATERIALSOccupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310512

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MRS. JEAN MORGAN

Mailing Address 2217 JACK ROAD

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310433

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL G. MORRIS

Mailing Address 1 RIVERSIDE PLAZA  
30TH FLOOR

City

COLUMBUS

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN ELECTRIC POWEROccupation  
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310513

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. MURRAY

Mailing Address 29325 CHAGRIN BOULEVARD  
SUITE 300City State Zip Code  
PEPPER PIKE OH 44122FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MURRAY ENERGY CORPORATIONOccupation  
CEO/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310406

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD NELSON

Mailing Address 358 VITEZ DRIVE

City State Zip Code  
MORGANTOWN WV 26508-2541FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SWANSON INDUSTRIESOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310417

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. JODY PARKER

Mailing Address 4124 SOUTH ROCKFORD AVENUE  
SUITE 201City State Zip Code  
TULSA OK 74105FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ANCHOR STONE COMPANYOccupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310390

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JODY PARKER

Mailing Address 4124 SOUTH ROCKFORD AVENUE  
SUITE 201

City State Zip Code  
TULSA OK 74105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANCHOR STONE COMPANY

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310414

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH PARKER

Mailing Address 4124 S. ROCKFORD AVE.  
SUITE 201

City State Zip Code  
TULSA OK 74105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANCHOR STONE CO.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310395

Amount of Each Receipt this Period

10400.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH PARKER

Mailing Address 4124 S. ROCKFORD AVE.  
SUITE 201

City State Zip Code  
TULSA OK 74105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANCHOR STONE CO.

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310396

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN PAWLISH

Mailing Address 668 WATERDAM ROAD

City

MCMURRAY

State

PA

Zip Code

15317-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN J. PAWLISH EQUIPMENT  
COMPANY, INC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310403

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK R. PHILLIPS

Mailing Address 367 GEORGE STREET

City

BECKLEY

State

WV

Zip Code

25801-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHILLIPS MACHINE SERVICE,  
INC.

Occupation  
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28333.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310491

Amount of Each Receipt this Period

28333.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JIMMY PHILLIPS

Mailing Address 1919 SW 106TH TERRACE

City

GAINESVILLE

State

FL

Zip Code

32607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHILLIPS MACHINE SERVICE

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28333.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310497

Amount of Each Receipt this Period

28333.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RON PLOTKIN

Mailing Address 4218 DAN WOOD DRIVE

City

WESTLAKE VILLAGE

State

CA

Zip Code

91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310425

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MRS. GINNI D. RAGAN

Mailing Address 546 WESTBURY WOODS COURT

City

WESTERVILLE

State

OH

Zip Code

43081-7705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310450

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. JOHN RAITT

Mailing Address 1111 MOHAWK ROAD

City

WILMETTE

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRIS ASSOCIATES LPOccupation  
INVESTMENT ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310407

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS RASTIN

Mailing Address 1240 GAMBIER ROAD

City

MT. VERNON

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARIEL CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310489

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. ROGER RESCHINI

Mailing Address 922 PHILADELPHIA STREET

City

INDIANA

State

PA

Zip Code

15701-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE RESCHINI GROUP

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310404

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW RICE

Mailing Address 7800 RT. 145 SOUTH

City

HARRISBURG

State

IL

Zip Code

62946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATE MINING SERVICES

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310405

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN ROESER

Mailing Address 522 LAKESIDE DR.

City

BARRINGOTN

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OTTO ENGINEERING INC.

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310515

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN L. ROSEDALE

Mailing Address 4700 ASHWOOD DRIVE  
SUITE 200

City

CINCINNATI

State

OH

Zip Code

45241-2465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNICARE HEALTH SERVICES

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310441

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN SCHIFF

Mailing Address P.O. BOX 145496

City

CINCINNATI

State

OH

Zip Code

45250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CINCINNATI FINANCIAL CORP

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310434

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. AL SIEMER

Mailing Address 2 BOTTOMLEY CRESCENT CT.

City

NEW ALBANY

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DESCO CORPORATION

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310484

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD SIMMS

Mailing Address 4809 AU SABLE DRIVE

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED MINING EQUIPMENT  
INC.

Occupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310498

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDALL STALNAKER

Mailing Address ROUTE 3 P.O. BOX 110

City

CLARKSBURG

State

WV

Zip Code

26302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUALITY HYDRAULICS, INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310415

Amount of Each Receipt this Period

7500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. H. TOPITS

Mailing Address 223 RIVERSIDE DRIVE

City

COVINGTON

State

KY

Zip Code

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310331

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. JOHN TOPITS

Mailing Address 223 RIVERSIDE DRIVE

City

COVINGTON

State

KY

Zip Code

41011-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER DEALER SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310514

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE VINCENT

Mailing Address 255 EAST 5TH STREET  
SUITE 1900

City

CINCINNATI

State

OH

Zip Code

45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DINSMORE & SHOHL, LLP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGING PARTNER &amp; CHAIRMAN OF THE BOA

Aggregate Year-to-Date ▼

450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310342

Amount of Each Receipt this Period

450.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES WAINSCOTT

Mailing Address 7925 GRAVES ROAD

City

INDIAN HILL

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AK STEEL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310435

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. DAVID WALLACE

Mailing Address 11800 HARMONY CHURCH ROAD

City

WEST FRANKFORT

State

IL

Zip Code

62896-7011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALLACE ELECTRICAL SYSTEMS

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310492

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. WATSON

Mailing Address 142 WATSON LANE

City

FAYETTE CITY

State

PA

Zip Code

15438-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLOBAL MINE SERVICE, INC.

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310402

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES WESLEY

Mailing Address 2137 CANNA COURT

City

NAPLES

State

FL

Zip Code

34105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIANCE COAL

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310490

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN WHITESCARVER

Mailing Address ROUTE 4 P.O. BOX 74

City

GRAFTON

State

WV

Zip Code

26354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUALITY HYDRAULICS, INC.

Occupation

TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310416

Amount of Each Receipt this Period

7500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT WHITE

Mailing Address 7131 DEACON COURT

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IGS ENERGY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310400

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS WILLIAMS

Mailing Address 212 EAST THIRD STREET  
SUITE 300

City State Zip Code  
CINCINNATI OH 45202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTH AMERICAN PROPERTIES

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310444

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MS. KAREN A. WRIGHT

Mailing Address 1240 GAMBIER ROAD

City State Zip Code  
MT. VERNON OH 43050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ARIEL CORPORATION

Occupation  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310488

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER M. ZIEGLER

Mailing Address 100 APPLE VALLEY ROAD

City State Zip Code  
STAMFORD CT 06903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SWISHER INTERNATIONAL

Occupation  
VICE PRESIDENT OF STRATEGIC PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310325

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM ZIEGLER

Mailing Address 20 THORNDAL CIRCLE

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWISHER INTERNATIONAL

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310326

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN HEALTH CARE ASSOCIATION PAC

Mailing Address 1201 L STREET, NW

City

WASHINGTON

State

DC

Zip Code

20005-4024

FEC ID number of contributing  
federal political committee.

C

C00006080

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310401

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DOUBLE D FARMS, LLC

Mailing Address 652 W. CROMWELL, STE. 103

City

FRESNO

State

CA

Zip Code

93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310455

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

SEE ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MURRAY ENERGY PAC

Mailing Address 29325 CHAGRIN BOULEVARD  
SUITE 300

City State Zip Code  
PEPPER PIKE OH 44122

FEC ID number of contributing  
federal political committee.

**C** C00410985

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310438

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

PIONEER PAC

Mailing Address 412 FIRST ST. S.E. SUITE 100

City State Zip Code  
WASHINGTON, DC DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00325357

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310442

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

THE HUNTINGTON BANCSHARES INC PAC

Mailing Address 41 SOUTH HIGH STREET

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing  
federal political committee.

**C** C00165589

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310397

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WESTERN & SOUTHERN PAC

Mailing Address 400 BROADWAY

City

CINCINNATI

State

OH

Zip Code

45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310485

Amount of Each Receipt this Period

25000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

WOOD & DEVINE CATTLE CO., LLC

Mailing Address 652 W. CROMWELL, STE. 103

City

FRESNO

State

CA

Zip Code

93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310456

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER

[MEMO ITEM]

SEE ATTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BOEHNER FOR SPEAKER FOJB-NRCC

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542925.18

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.BFSFOJB01

Amount of Each Receipt this Period

157925.18

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

SOME DONORS PREVIOUSLY DI-  
SCLOSED

**SUBTOTAL** of Receipts This Page (optional) .....

157925.18

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PARK COLLIER

Mailing Address 9045 STRADA STELL COURT  
SUITE 500

City State Zip Code  
NAPLES FL 34109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COLLIER ENTERPRISES

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310430

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOHNER FOR SP-  
EAKER FOJB-NRCC

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MRS. JENNIFER HOINE

Mailing Address 1251 AVENUE OF THE AMERICAS  
50TH FLOOR

City State Zip Code  
NEW YORK NY 10020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAULSON & CO

Occupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310427

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOHNER FOR SP-  
EAKER FOJB-NRCC

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. JENICA PAULSON

Mailing Address 1251 AVENUE OF THE AMERICAS  
50TH FLOOR

City State Zip Code  
NEW YORK NY 10020-1122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAULSON & CO.

Occupation  
EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310429

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOHNER FOR SP-  
EAKER FOJB-NRCC

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GORDON SINGER

Mailing Address 33 KING STREET

City

LONDON, UNITED KIN

State

Zip Code

99999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ELLIOTT ADVISORS (UK) LTD

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310431

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOHNER FOR SP-  
EAKER FOJB-NRCC

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MRS. JULIE WALDORF

Mailing Address 2 RIVER TERRACE  
#280

City

NEW YORK

State

NY

Zip Code

10282

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310428

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOHNER FOR SP-  
EAKER FOJB-NRCC

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MRS. PRISCILLA WONG

Mailing Address 59 SAINT NICHOLAS ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310426

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: BOHNER FOR SP-  
EAKER FOJB-NRCC

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BOEHNER FOR SPEAKER CONGRESSMAN LATOURETTE JUNE RECEPTION CTME

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79379.29

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.BFSLC01

Amount of Each Receipt this Period

79379.29

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD CRAWFORD

Mailing Address 6065 PARKLAND BOULEVARD

City

CLEVELAND

State

OH

Zip Code

44124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARK OHIO

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310329

Amount of Each Receipt this Period

7500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. BRIAN GEVRY

Mailing Address 14464 STATE ROUTE 511

City

OBERLIN

State

OH

Zip Code

44074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOYD WATTERSON

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310343

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

79379.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. HORVITZ

Mailing Address 85 STONEWOOD DRIVE

City

MORELAND HILLS

State

OH

Zip Code

44022-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MORELAND MANAGEMENT COMPA-  
NY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310345

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID MORGENTHAUER

Mailing Address 50 PUBLIC SQ  
#2700

City

CLEVELAND

State

OH

Zip Code

44113-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MORGENTHAUER VENTURES

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310380

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN ONG

Mailing Address 23 AURORA STREET  
STE A

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310347

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND PARK

Mailing Address 6200 RIVERSIDE DRIVE

City

CLEVELAND

State

OH

Zip Code

44135-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARK CORPORATION

Occupation  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310381

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. TOMSICH

Mailing Address 151 VIA BELLARIA

City

PALM BEACH

State

FL

Zip Code

33480-4912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NESCO INCORPORATED

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310344

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MORTON WEISBERG

Mailing Address 5198 RICHMOND ROAD

City

BEDFORD HEIGHTS

State

OH

Zip Code

44146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MULTI CARE MANAGEMENT

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310346

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER LATOURET

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CANTOR VICTORY FUND

Mailing Address 25 E. MAIN STREET

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445103.17

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.CVF001

Amount of Each Receipt this Period

234139.50

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSHUA FRIEDMAN

Mailing Address 2000 AVENUE OF THE STARS

City

LOS ANGELES

State

CA

Zip Code

90067-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANYON CAPITAL PARTNERS,  
LLC

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310391

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: CANTOR VICTORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. GATES

Mailing Address 4135 SEMINARY ROAD

City

ALEXANDRIA

State

VA

Zip Code

22304-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALTRIA

Occupation

SR. V.P. GOV'T RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310504

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: CANTOR VICTORY FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

234139.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS GILMAN

Mailing Address 4831 W WICKFORD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TD BANK GROUP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310392

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. JOEL K. GREENBERG

Mailing Address 727 MERION SQUARE ROAD

City

GLADWYNE

State

PA

Zip Code

19035-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIG, LLP

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310502

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN D. GRUSS

Mailing Address 777 S FLAGLER DRIVE

City

WEST PALM BEACH

State

FL

Zip Code

33401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRUSS INVESTMENTS LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310446

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER HERTOOG

Mailing Address 1040 5TH AVENUE

City

NEW YORK

State

NY

Zip Code

10028-0137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310387

Amount of Each Receipt this Period

20400.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN HERTOOG

Mailing Address 1040 5TH AVENUE

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310388

Amount of Each Receipt this Period

10400.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK KINGTON

Mailing Address 607 ORONOCO STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
X10 CAPITAL MANAGEMENT

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310447

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BRUCE KOVNER

Mailing Address 500 PARK AVENUE  
11TH FLOOR

City State Zip Code  
NEW YORK NY 10022-1606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FINANCIAL EXECUTIVE

Occupation  
CAXTON ASSOCIATES LP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310508

Amount of Each Receipt this Period

25000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUZIE KOVNER

Mailing Address 500 PARK AVENUE

City State Zip Code  
NEW YORK NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310509

Amount of Each Receipt this Period

25000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. LUKE

Mailing Address 330 FLAG STATION ROAD

City State Zip Code  
RICHMOND VA 23238-7222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEAD WESTVACO CORP

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310330

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL OCH

Mailing Address 11 DORMA ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OZ - ZIFF CAPITAL MGMT GR-  
OUP

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310507

Amount of Each Receipt this Period

25000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. STANLEY F. PAULEY

Mailing Address 314 SAINT DAVIDS LANE

City

RICHMOND

State

VA

Zip Code

23221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARPENTER CO.

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310448

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL SZYMANCZYK

Mailing Address 215 DRYDEN LANE

City

RICHMOND

State

VA

Zip Code

23229-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHILIP MORRIS USA

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310505

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROLE M. WEINSTEIN

Mailing Address 2 JOHN CHRISTOPHER COURT

City

RICHMOND

State

VA

Zip Code

23226-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310445

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. R. TED WESCHLER

Mailing Address 1835 BENTIVAR DRIVE

City

CHARLOTTESVILLE

State

VA

Zip Code

22911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENINSULA CAPITAL ADVISORS

Occupation

MANAGING MEMBER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310506

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: CANTOR VICTORY  
FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MARY BONO MACK VICTORY FUND 2012

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

28211.61

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA12.MBM01

Amount of Each Receipt this Period

9221.67

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**SUBTOTAL** of Receipts This Page (optional) .....

9221.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL BOZICK

Mailing Address 77330 MEDICINE BOW CIRCLE

City

INDIAN WELLS

State

FL

Zip Code

92210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD BAGDASARIAN, INC.Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310320

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: MARY BONO MACK  
VICTORY FUND**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MARY BONO MACK VICTORY FUND 2012

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28211.61

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.MBM02

Amount of Each Receipt this Period

18989.94

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD MATZNER

Mailing Address 555 N PATENCIO

City

PALM SPRINGS

State

CA

Zip Code

92262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBA INDUSTRIESOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310322

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: MARY BONO MACK  
VICTORY FUND**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

18989.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RODNEY SWAN

Mailing Address 4172 CAMBRIDGE ROAD

City

LA CANADA FLINTRID

State

CA

Zip Code

91011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

AGRICULTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA12.14310321

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: MARY BONO MACK  
VICTORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MCCARTHY VICTORY FUND

Mailing Address PO BOX 13307

City

BAKERSFIELD

State

CA

Zip Code

93389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.MVF01

Amount of Each Receipt this Period

85000.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**C.**

Full Name (Last, First, Middle Initial)

RILEY BECHTEL

Mailing Address P.O. BOX 620069

City

WOODSIDE

State

CA

Zip Code

94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUSINESS EXECUTIVE

Occupation

BECHTEL GROUP, INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310386

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: MCCARTHY VICT-  
ORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

85000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN GUNN

Mailing Address 1651 WAVERLEY STREET

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAIRMAN EMERITUS

Occupation

DODGE &amp; COX

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310451

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: MCCARTHY VICT-  
ORY FUND**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

LYNN JOHNSON

Mailing Address 17971 NW 13TH STREET

City

PEMBROKE PINES

State

FL

Zip Code

33029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOOKKEEPER

Occupation

JOHNSON BROS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310389

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: MCCARTHY VICT-  
ORY FUND**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

DR. RAVI PATEL

Mailing Address 6501 TRUXTUN AVENUE

City

BAKERSFIELD

State

CA

Zip Code

93309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYSICIAN

Occupation

COMPREHENSIVE BLOOD &amp; CANCER CT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310501

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: MCCARTHY VICT-  
ORY FUND**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RANDAL PERKINS

Mailing Address 7620 N. CYPRESSHEAD DR

City

PARKLAND

State

FL

Zip Code

33067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEO

Occupation

ASHBRITT INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310393

Amount of Each Receipt this Period

20000.00

JFC ATTRIB: MCCARTHY VICT-  
ORY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SAILY PERKINS

Mailing Address 7020 N. CYPRESSHEAD DR

City

PARKLAND

State

FL

Zip Code

33067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOME MAKER

Occupation

SAILY PERKINS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310394

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: MCCARTHY VICT-  
ORY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

BRIAN PRATT

Mailing Address 2100 MCKINNEY AVENUE  
SUITE 1500

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXECUTIVE

Occupation

PRIMORIS SERVICES CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310510

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: MCCARTHY VICT-  
ORY FUND

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
NRSC/NRCC VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| ALEXANDRIA | VA    | 22314    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236376.05

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.NCNS001

Amount of Each Receipt this Period

163201.24

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.**Full Name (Last, First, Middle Initial)  
WALLACE M. ADYE

Mailing Address 8044 WASHINGTON AVENUE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| EVANSVILLE | IN    | 47715    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310270

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VICTORY COMMITTEE

[MEMO ITEM]

**C.**Full Name (Last, First, Middle Initial)  
EUGENE D. AIMONE

Mailing Address 808 CANTERBURY DRIVE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| EVANSVILLE | IN    | 47715    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310319

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: NRSC/NRCC VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

163201.24

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES D. ANDERSON

Mailing Address 563 S. PERLATA HILLS DRIVE

City

ANAHEIM HILLS

State

CA

Zip Code

92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDERSON SEAFOODS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310271

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. CALEB E. BAKER

Mailing Address 9305 JESUP LANE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C. BAKER CONSULTING

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310313

Amount of Each Receipt this Period

1000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD F. BARNHART

Mailing Address 4400 STRINGTOWN ROAD

City

EVANSVILLE

State

IN

Zip Code

47711-2276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WIREROPE WORKS, INC.

Occupation  
REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310363

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRETT C. BAUER

Mailing Address 2099 LAKES EDGE DRIVE

City

NEWBURGH

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310354

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

BRIAN M. BAUER

Mailing Address 2719 WILSON DRIVE

City

TERREHAUTE

State

IN

Zip Code

47803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TERRE HAUTE REGIONAL HOSP-  
ITAL

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310272

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DENISE L. BAUER

Mailing Address 2099 LAKES EDGE DRIVE

City

NEWBURGH

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310355

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH W. BEAN

Mailing Address 435 CHESHIRE FARM LANE

City

TOWN & COUNTRY

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATRIOT COAL CORP.

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310311

Amount of Each Receipt this Period

750.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

LINDA L. BECKER

Mailing Address 34 OAK MEADOW

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310364

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

RANDALL J. BECKER

Mailing Address 34 OAK MEADOW

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation  
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310365

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CURTIS BEGLE

Mailing Address 1332 HALSEY AVENUE

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation

PRESIDENT - RCTD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310366

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

JEROME A. BENKERT

Mailing Address 3066 HICKORY VIEW DRIVE

City

NEWBURGH

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VECTREN CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310356

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

ROBERT W. BENNETT

Mailing Address 122 MANDY DRIVE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATRIOT COAL CORP.

Occupation

SR. VICE-PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310312

Amount of Each Receipt this Period

750.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL BESHEARS

Mailing Address 5908 SIX SCHOOL ROAD

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAL GROUP, LLC

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310352

Amount of Each Receipt this Period

100.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DANIEL R. BITTNER

Mailing Address 10687 S. OAK RIDGE ESTATES

City

HAUBSTADT

State

IN

Zip Code

47639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAL FOODS

Occupation  
VICE PRESIDENT OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310273

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

IRA G. BOOTS

Mailing Address 1647 APPLE RIDGE DRIVE

City

EVANSVILLE

State

IN

Zip Code

47720-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310290

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THERESA L. BOOTS

Mailing Address 1647 APPLE RIDGE DRIVE

City

EVANSVILLE

State

IN

Zip Code

47720-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERRY PLASTICS CORPORATION

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310291

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

ALAN W. BRAUN

Mailing Address 949 CEDAR HILL DRIVE

City

EVANSVILLE

State

IN

Zip Code

47710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDUSTRIAL CONTRACTORS,  
INC.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310274

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

ERIC J. BRAUNECKER

Mailing Address 901 GABRIEL DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERIQUAL GROUP, LLC

Occupation

DIRECTOR OF IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310275

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BILL K. BREWSTER

Mailing Address P.O. BOX 368

City

MARIETTA

State

OK

Zip Code

73448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITOL HILL CONSULTING  
GROUP

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310287

Amount of Each Receipt this Period

1500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

CINDY BRINKER

Mailing Address 10720 EAGLE CROSSING DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OFFICE OF DR. OGLE

Occupation  
DENTAL HYGIENIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310367

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DIRK BRINKER

Mailing Address 10720 EAGLE CROSSING DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRINKERS JEWELERS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310368

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY L. BYRNES

Mailing Address 911 ELMWOOD AVENUE

City

WILMETTE

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEY BANK

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310276

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

GLENN CARANO

Mailing Address 2551 LAKERIDGE SHORES EAST

City

RENO

State

NV

Zip Code

89519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SILVER LEGACY RESORT

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310295

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

WADE CARMEN

Mailing Address 10896 DITNEY HILL ROAD

City

ELBERFELD

State

IN

Zip Code

47613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERIQUAL GROUP, LLC

Occupation

VICE-PRESIDENT MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310369

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALEX J. CARROLL

Mailing Address 11618 BROOKS COURT

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFELINE DATA CENTERS

Occupation

COMPUTER CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310370

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

LAURA D. CARROLL

Mailing Address 11618 BROOKS COURT

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFELINE DATA CENTERS

Occupation

BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310371

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. TERRI L. CHANCELLOR

Mailing Address 7700 HENZE ROAD

City

EVANSVILLE

State

IN

Zip Code

47720-1972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310341

Amount of Each Receipt this Period

30000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL L. CHAPMAN

Mailing Address 6988 BAYHILL COURT

City

NEWBURGH

State

IN

Zip Code

47630-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VECTREN CORPORATION

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310280

Amount of Each Receipt this Period

1250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DAVID L. CHILDS

Mailing Address 508 MAIN STREET

City

EVANSVILLE

State

IN

Zip Code

47708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDLAND POWDER COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310277

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

RALPH S. CUNNINGHAM

Mailing Address 5128 TANGLE LANE

City

HOUSTON

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENTERPRISE PRODUCTS CO.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310296

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SEAD DIZDAREVIC

Mailing Address P.O. BOX 366

City

FARHILLS

State

NJ

Zip Code

07931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JET SET SPORTS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310332

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MS. GLORIA S. DUFFY

Mailing Address P.O. BOX 73

City

LAFAYETTE

State

CA

Zip Code

94549-0073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310373

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

SEAN DUFFY

Mailing Address P.O. BOX 73

City

LAFAYETTE

State

CA

Zip Code

94549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310374

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MERAM K. EL RAMAHI

Mailing Address 6522 HILLSGATE COURT

City

NEWBURGH

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENERGY SYSTEMS GROUP

Occupation

VICE PRESIDENT MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310348

Amount of Each Receipt this Period

38.50

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

MR. IRL F. ENGELHARDT

Mailing Address 901 KENT ROAD  
SUITE 900

City

ST. LOUIS

State

MO

Zip Code

63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATRIOT COAL CORP.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310281

Amount of Each Receipt this Period

1250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. ENGELBRECHT

Mailing Address P.O. BOX 3848

City

EVANSVILLE

State

IN

Zip Code

47736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH CENTRAL COMMUNICATI-  
ONS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310463

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SUZANNE C. ENGELHARDT

Mailing Address 901 KENT ROAD

City

ST. LOUIS

State

MO

Zip Code

63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310282

Amount of Each Receipt this Period

1250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

G. RICHARD EYKAMP

Mailing Address P.O. BOX 4915

City

EVANSVILLE

State

IN

Zip Code

47724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDSTATE RUBBER COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310314

Amount of Each Receipt this Period

1000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

JULIA FARMER

Mailing Address 1055 HUNTER ROAD

City

BOONVILLE

State

IN

Zip Code

47601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310357

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCOTT FARMER

Mailing Address 1055 HUNTER ROAD

City

BOONVILLE

State

IN

Zip Code

47601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310358

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

TONY D. FLEMING

Mailing Address 3009 THORNHILL DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMEIQUAL PACKAGING

Occupation

FOOD SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310464

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS W. FRANKS

Mailing Address P.O. BOX 444

City

HARRISBURG

State

IL

Zip Code

62946-0444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMERS STATE BANK

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310333

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBORAK K. GABE

Mailing Address 5101 KLEITZ ROAD

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310283

Amount of Each Receipt this Period

1250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. GABE

Mailing Address 5101 KLEITZ ROAD

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERITAGE PETROLEUM, LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310284

Amount of Each Receipt this Period

1250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

FREDERICK W. GEISSINGER

Mailing Address 8712 WHETSTONE ROAD

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN GENERAL FINANCIAL  
SVC

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310334

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY L. GIBSON

Mailing Address P.O. BOX 478

City

TERREHAUTE

State

IN

Zip Code

47808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RECTEC CORPORATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310335

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

NICHOLAS GLANCY

Mailing Address 1415 GRIERS CREEK ROAD

City

VERSAILLES

State

KY

Zip Code

40383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLACKHAWK MINING, LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310465

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

ANDREW E. GOEBEL

Mailing Address ONE VECTREN SQUARE

City

EVANSVILLE

State

IN

Zip Code

47708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLD NATIONAL BANK

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310315

Amount of Each Receipt this Period

1000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JERRY M. GREENBAUM

Mailing Address 2614 BUFORD HIGHWAY NE

City

ATLANTA

State

GA

Zip Code

30324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRA ARCHY

Occupation

CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310466

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

STEVEN R. HAHN

Mailing Address 20 E. DIAMOND AVENUE

City

EVANSVILLE

State

IN

Zip Code

47711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE FARM

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310467

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DIANE C. HEDDEN

Mailing Address 5648 GLEN OAKS POINTE

City

WEST DES MOINES

State

IA

Zip Code

50266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-STATE DISTRIBUTING CO-  
MPANY

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310293

Amount of Each Receipt this Period

4625.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES L. HEDDEN

Mailing Address 5648 GLEN OAKS POINTE

City

WEST DES MOINES

State

IA

Zip Code

50266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-STATE DISTRIBUTING CO-  
MPANY

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4625.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310294

Amount of Each Receipt this Period

4625.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

CYNTHIA A. HESEMAN

Mailing Address 10700 TITZER ROAD

City

CHANDLER

State

IN

Zip Code

47610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310468

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. HENRY HINKLE

Mailing Address P.O. BOX 200

City

PARIS

State

KY

Zip Code

40362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HINKLE CONTRACTING CO.,  
LLC

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310469

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHERYL D. HOLMES

Mailing Address 2025-B DEER PATH COURT

City

GOSHEN

State

IN

Zip Code

46528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310375

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN G. HOLMES

Mailing Address 2025-B DEER PATH COURT

City

GOSHEN

State

IN

Zip Code

46528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
COAL MINING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310376

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

ROBERT G. JONES

Mailing Address 1100 SUWANEE DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLD NATIONAL BANK

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310470

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM J. JONES

Mailing Address 3616 SAVOY CIRCLE

City

PADUCAH

State

KY

Zip Code

42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US BANK

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310471

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL B. KELLETT

Mailing Address P.O. BOX 100

City

PINETTA

State

FL

Zip Code

32350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SBK CAPITAL, LLC

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310336

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

THOMAS N. KING

Mailing Address 1761 CENTRAL ROAD

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEY BACK CAPITAL MARKETS

Occupation  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310472

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN D. KNAPP

Mailing Address 2220 OLDBURY WAY

City

EVANSVILLE

State

IN

Zip Code

47725-8246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERIQUAL GROUP, LLC

Occupation

SR. VICE-PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310473

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L. KOCH

Mailing Address 4120 MULBERRY PLACE

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOCH ENTERPRISES, INC.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310285

Amount of Each Receipt this Period

1250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

JAMES M. KRATOCHVIL

Mailing Address 2120 KRATOCHVIL LANE

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310474

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

R. JACK LEWIS

Mailing Address 54 OAK MEADOW ROAD

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEWIS BAKERIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310475

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

KEITH LOCHMUELLER

Mailing Address P.O. BOX 133

City

CHANDLER

State

IN

Zip Code

47610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERNARDIN LOCHMUELLER &  
ASSOC.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310476

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

ANNE S. LOCKE

Mailing Address 11303 YANDELL DRIVE

City

LOUISVILLE

State

KY

Zip Code

40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILESTONE FITNESS

Occupation

FITNESS INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310377

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN P. LOCKE

Mailing Address 11303 YANDELL DRIVE

City

LOUISVILLE

State

KY

Zip Code

40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN LOCKE PROPERTIES

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310378

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DAVID R. LUNDSTROM

Mailing Address 9815 COVINGTON BOULEVARD

City

FISHERS

State

IN

Zip Code

46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDERSON'S VINEYARD & WIN-  
ERY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310477

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS J. MAHER, III

Mailing Address 33 NORTH WAY

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAYSTAR TECHNOLOGIES, INC.

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310268

Amount of Each Receipt this Period

375.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY GAYLORD MCCLEAN

Mailing Address P.O. BOX 100

City

SIMPSONVILLE

State

KY

Zip Code

40067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310337

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

KELLEY MEISLER-BEGLE

Mailing Address 1332 HALSEY AVENUE

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310379

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

FRED MERRITT

Mailing Address 3924 KITTY HAWK COURT

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE MANUFACTURING,  
LLC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310478

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

J. KENNETH MERTEN

Mailing Address P.O. BOX 400

City

HUNTINGBURG

State

IN

Zip Code

47542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED MINERALS, INC.

Occupation

TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310316

Amount of Each Receipt this Period

1000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY R. MOORE

Mailing Address 311 E. JENNINGS STREET

City

NEWBURGH

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHOPAEDIC ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310479

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

TRACY M. NORMAN

Mailing Address 10511 HOGUE ROAD

City

EVANSVILLE

State

IN

Zip Code

47712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310359

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM J. NORMAN

Mailing Address 10511 HOGUE ROAD

City

EVANSVILLE

State

IN

Zip Code

47712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310360

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

GREGORY A. OLINGER

Mailing Address P.O. BOX 13

City

HUNTINGBURG

State

IN

Zip Code

47542-0013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED MINERALS, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310480

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

JAMES M. ORISKY

Mailing Address 10650 E. COPPERLINE ROAD

City

EVANSVILLE

State

IN

Zip Code

47712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERIQUAL GROUP, LLC

Occupation

VICE-PRESIDENT OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310481

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SARAH H. OTT

Mailing Address 4634 CROWN RIDGE COURT

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERIQUEAL GROUP, LLC

Occupation

RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310258

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

STACEY OTT

Mailing Address 4634 CROWN RIDGE COURT

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OTT'S TILE COMPANY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310259

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

DAVID G. PAPARIELLA

Mailing Address 8007 WHISTLER DRIVE

City

EVANSVILLE

State

IN

Zip Code

47711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARDING SHYMANSKI & CO

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310482

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. E. WAYNE PARKE

Mailing Address 5415 WINTHROP COURT

City

EVANSVILLE

State

IN

Zip Code

47715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310297

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MARK L. PATTIE

Mailing Address 5300 JEFFERSON AVENUE

City

EVANSVILLE

State

IN

Zip Code

47715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310298

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

T. TAYLOR PAYNE

Mailing Address 7144 E. VIRGINIA STREET

City

EVANSVILLE

State

IN

Zip Code

47715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAYNE FINANCIAL

Occupation  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310299

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN M. POTTER

Mailing Address P.O. BOX 1200

City

ROBINSON CREEK

State

KY

Zip Code

41560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAWKEYE ENERGY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310300

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P. RECHTER

Mailing Address 2936 BELLFLOWER LANE

City

NAPLES

State

FL

Zip Code

34105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROGERS GROUP, INC.

Occupation  
CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310383

Amount of Each Receipt this Period

30800.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

NORMA A. REGENER

Mailing Address 1172 E. WARRENTON ROAD

City

HAUBSTADT

State

IN

Zip Code

47639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310301

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN D. RICH

Mailing Address 276 LIVE OAK DRIVE

City

VEROBEACH

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310317

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. ROHRER, II

Mailing Address P.O. BOX 803

City

VINCENNES

State

IN

Zip Code

47591-0803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROHRER FAMILY CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310260

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. CONNIE S. ROMAIN

Mailing Address 10500 WILMINGTON DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725-9023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310269

Amount of Each Receipt this Period

400.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RONALD D. ROMAIN

Mailing Address 10500 WILMINGTON DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED COMPANIES

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310339

Amount of Each Receipt this Period

7575.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

DAVID B. RUDDER

Mailing Address 1789 EASTWOOD DRIVE

City

LEXINGTON

State

KY

Zip Code

40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEMINOLE ENERGY

Occupation

VICE-PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310338

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

JUDY A. SALE

Mailing Address 7500 NATION ROAD

City

MOUNTVERNON

State

IN

Zip Code

47620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310349

Amount of Each Receipt this Period

50.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS SALMON

Mailing Address ONE HARLOW POND COURT

City

FRANKLIN

State

MA

Zip Code

02038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation

PRESIDENT - TBCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310261

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

LEON E. SALOMON

Mailing Address 2795 KIPPS COLONY DRIVE SOUTH

City

GULFPORT

State

FL

Zip Code

33707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

LOGISTICS MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310302

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

ERIC J. SCHACH

Mailing Address 4 JOHNSON PLACE

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VECTREN UTILITY HOLDINGS

Occupation

VICE PRESIDENT ENERGY DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310353

Amount of Each Receipt this Period

100.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK N. SCHROEDER

Mailing Address 1115 FAR OAKS DRIVE

City

CASEYVILLE

State

IL

Zip Code

62232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PATRIOT COAL CORP.

Occupation

CFO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310303

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

GERGORY N. SHAW

Mailing Address P.O. BOX 2056

City

LONGMONT

State

CO

Zip Code

80502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310304

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

SHANE G. SHEPHERD

Mailing Address 1201 PARMELY DRIVE

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERIQUAL GROUP, LLC

Occupation

DIRECTOR OF TECHNICAL SERVICES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310305

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REX SMITH

Mailing Address 1420 NORTH FRIENDSHIP

City

PADUCAH

State

KY

Zip Code

42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JIM SMITH CONTRACTING CO.

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310340

Amount of Each Receipt this Period

15400.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

EDWARD L. STRATTON, JR.

Mailing Address 734 WALDENS POND ROAD

City

ALBANY

State

NY

Zip Code

12203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation  
GLOBAL HUMAN RESOURCES LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310262

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

JAMES L. STRATMAN

Mailing Address 809 BIG SKY LANE

City

EVANSVILLE

State

IN

Zip Code

47712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENVIROPLAS, INC.

Occupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310278

Amount of Each Receipt this Period

1000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DENNIS J. STRAUB

Mailing Address 6919 STEEPLECHASE DRIVE

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERIQUAL GROUP, LLC

Occupation

SR. VICE-PRESIDENT - FINANCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

62.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310350

Amount of Each Receipt this Period

62.50

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

KIM M. STRAUB

Mailing Address 6919 STEEPLECHASE DRIVE

City

EVANSVILLE

State

IN

Zip Code

47720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

LEGAL NURSE CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

62.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310351

Amount of Each Receipt this Period

62.50

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

HUGH R. TANNER

Mailing Address 6428 WOODLAND SPRINGS DRIVE

City

NEWBURGH

State

IN

Zip Code

47629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN PATRIOT EQUIPMENT  
CO.

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310306

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY D. THOMPSON

Mailing Address 6400 JENWOOD COURT

City

NEWBURGH

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310263

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

PAUL M. THRIFT

Mailing Address 901 WABASH AVENUE  
SUITE 300

City

TERREHAUTE

State

IN

Zip Code

47807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMPSON THRIFT DEVELOPME-  
NT

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310307

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

JOHN A. TOMKE

Mailing Address 12934 BRIGHTON AVENUE

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILDLIFE & HUNTING HERITA-  
GE

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310308

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

G. ADAM UNFRIED

Mailing Address 600 S. BOEKE

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERRY PLASTICS CORP.

Occupation

PRESIDENT-ROTD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310309

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SARAH VIETH

Mailing Address 29 JOHNSON PLACE

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310264

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM G. VIETH

Mailing Address 29 JOHNSON PLACE

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNI PLASTICS, LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310265

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM E. VIETH

Mailing Address 808 S. LOMBARD AVENUE

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTEGRA BANK CORP.Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310310

Amount of Each Receipt this Period

500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

STEPHAN E. WEITZEL

Mailing Address 236 BUENA VISTA ROAD

City

EVANSVILLE

State

IN

Zip Code

47711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZIEMER STAYMAN WEITZELOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310286

Amount of Each Receipt this Period

1250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. MARK A. WORKMAN

Mailing Address 4545 QUAIL HOLLOW DRIVE

City

PADUCAH

State

KY

Zip Code

42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEOTECH ENGINEERINGOccupation  
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310279

Amount of Each Receipt this Period

1000.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEONARD H. YABLON

Mailing Address 2 FARGO LANE

City

IRVINGTON

State

NY

Zip Code

10533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310318

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

MRS. KAREN YINGLING

Mailing Address 8543 BLUEGILL DRIVE

City

NEWBADEN

State

IL

Zip Code

62265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310361

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

MR. MARK R. YINGLING

Mailing Address 8543 BLUEGILL DRIVE

City

NEWBADEN

State

IL

Zip Code

62265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEABODY ENERGYOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310362

Amount of Each Receipt this Period

125.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN ZEIDLER

Mailing Address 1001 WYNGATE COURT

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI STATE AERO

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310266

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

SABRINA ZEIDLER

Mailing Address 1001 WYNGATE COURT

City

EVANSVILLE

State

IN

Zip Code

47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310267

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT MARSHA ABELL

Mailing Address 4400 STRINGTOWN ROAD

City

EVANSVILLE

State

IN

Zip Code

47711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310372

Amount of Each Receipt this Period

250.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OLD NATIONAL BANK PAC (OLBANK PAC)

Mailing Address ONE MAIN STREET

City

EVANSVILLE

State

IN

Zip Code

47708

FEC ID number of contributing  
federal political committee.**C**

C00412189

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310292

Amount of Each Receipt this Period

2500.00

JFC ATTRIB: NRSC/NRCC VIC-  
TORY COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

THE ROSKAM VICTORY COMMITTEE

Mailing Address 610 S BOULEVARD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

29350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.RVC01

Amount of Each Receipt this Period

29350.00

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**C.**

Full Name (Last, First, Middle Initial)

MR. CRAIG J. DUCHOSSOIS

Mailing Address 1515 W. 22ND STREET  
#650

City

OAK BROOK

State

IL

Zip Code

60523

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
THE DUCHOSSOIS GROUP

Occupation

C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310323

Amount of Each Receipt this Period

15000.00

JFC ATTRIB: ROSKAM VICTORY  
COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional) .....

29350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. MCGRATH

Mailing Address 159 E. WALTON PLACE  
#22City State Zip Code  
CHICAGO IL 60611FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCGRATH LEXUSOccupation  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310324

Amount of Each Receipt this Period

17300.00

JFC ATTRIB: ROSKAM VICTORY  
COMMITTEE**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

WOMACK MAJORITY FUND

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2919.51

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.WMF01

Amount of Each Receipt this Period

2919.51

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS**C.**

Full Name (Last, First, Middle Initial)

MS. ALICE L. WALTON

Mailing Address P.O. BOX 1860

City State Zip Code  
BENTONVILLE AR 72712-1860FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESIDENTOccupation  
THE LLAMA COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310511

Amount of Each Receipt this Period

30400.00

JFC ATTRIB: WOMACK MAJORI-  
TY FUND**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional) .....

2919.51

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 846

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JIM WALTON

Mailing Address P.O. BOX 1860

City

BENTONVILLE

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANKER

Occupation

ARVEST BANK GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310384

Amount of Each Receipt this Period

30400.00

JFC ATTRIB: WOMACK MAJORITY FUND

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MRS. LYNNE WALTON

Mailing Address 308 NORTHEAST CIR

City

BENTONVILLE

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESIDENT

Occupation

ARVEST BANK GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14310385

Amount of Each Receipt this Period

30400.00

JFC ATTRIB: WOMACK MAJORITY FUND

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MRS. DIANA L. MERCER

Mailing Address 600 ROUTE 25A

City

EAST SETAUKET

State

NY

Zip Code

11733-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT APPLICABLE

Occupation

NOT APPLICABLE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA12.14292122

Amount of Each Receipt this Period

10000.00

JFC ATTRIB: BOEHNER FOR SPEAKER

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE;  
SEE M6 REPORT

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 846

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT MERCER

Mailing Address 600 ROUTE 25A

City

EAST SETAUKET

State

NY

Zip Code

11733-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14292123

Amount of Each Receipt this Period

-10000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**REATTRIBUTION TO SPOUSE;  
SEE M6 REPORT**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD DEVINE

Mailing Address 652 W. CROMWELL, STE. 103

City

FRESNO

State

CA

Zip Code

93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOUBLE D FARMS, LLCOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310516

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID E. WOOD

Mailing Address 652 W. CROMWELL, STE. 103

City

FRESNO

State

CA

Zip Code

93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOOD & DEVINE CATTLE CO.,  
LLCOccupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA12.14310517

Amount of Each Receipt this Period

5000.00

JFC ATTRIB: BOEHNER FOR  
SPEAKER**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

1834156.30

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 701 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019786

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2489.53

B.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019997

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2485.47

C.

Full Name (Last, First, Middle Initial)

CREIGH BEHNKE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019787

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1252.23

SUBTOTAL of Disbursements This Page (optional) .....

6227.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 702 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>CREIGH BEHNKE  | <b>Transaction ID:</b> SB21-0.019998<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">1248.19</td> </tr> </table>  | 1248.19 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1248.19  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>JONATHAN BENNETT   | <b>Transaction ID:</b> SB21-0.019788<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">911.80</td> </tr> </table>   | 911.80  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 911.80   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>JONATHAN BENNETT   | <b>Transaction ID:</b> SB21-0.019999<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">901.37</td> </tr> </table>   | 901.37  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 901.37   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**3061.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 703 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER BILLETER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019789

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1495.69

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER BILLETER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020000

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1491.63

**C.**

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019790

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

3550.34

**SUBTOTAL** of Disbursements This Page (optional) .....

6537.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 704 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020001

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

3539.91

B.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019791

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2781.33

C.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020002

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2770.93

SUBTOTAL of Disbursements This Page (optional) .....

9092.17

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 705 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN BOLAND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019797

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

653.09

B.

Full Name (Last, First, Middle Initial)

KEVIN BOLAND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020003

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

649.01

C.

Full Name (Last, First, Middle Initial)

ANDREA BOZEK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019764

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

300.70

SUBTOTAL of Disbursements This Page (optional) .....

1602.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 706 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANDREA BOZEK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019796

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1711.61

B.

Full Name (Last, First, Middle Initial)

ANDREA BOZEK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020004

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1707.56

C.

Full Name (Last, First, Middle Initial)

WHITNEY BRIGHTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019793

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

859.17

SUBTOTAL of Disbursements This Page (optional) .....

4278.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 707 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITNEY BRIGHTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020006

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

855.11

B.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019794

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2913.01

C.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020007

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2902.59

SUBTOTAL of Disbursements This Page (optional) .....

6670.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 708 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY BURTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019798

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

4329.86

B.

Full Name (Last, First, Middle Initial)

JEFFREY BURTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020008

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

4319.43

C.

Full Name (Last, First, Middle Initial)

JEFFREY J BURTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019914

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

545.72

SUBTOTAL of Disbursements This Page (optional) .....

9195.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 709 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019795

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1275.24

B.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020009

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1271.18

C.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019799

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

3227.74

SUBTOTAL of Disbursements This Page (optional) .....

5774.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 710 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020010

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

3217.34

B.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020193

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

4407.34

C.

Full Name (Last, First, Middle Initial)

STEPHEN CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019800

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1083.12

SUBTOTAL of Disbursements This Page (optional) .....

8707.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 711 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020012

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1079.06

B.

Full Name (Last, First, Middle Initial)

ALLISON COCCIA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019801

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2020.37

C.

Full Name (Last, First, Middle Initial)

ALLISON COCCIA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020013

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2016.31

SUBTOTAL of Disbursements This Page (optional) .....

5115.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 712 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ASHLEY CRAIG

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019802

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1020.46

B.

Full Name (Last, First, Middle Initial)

ASHLEY CRAIG

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020014

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1016.39

C.

Full Name (Last, First, Middle Initial)

JOHN CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019766

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

651.13

SUBTOTAL of Disbursements This Page (optional) .....

2687.98

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 713 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019916

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

5375.11

B.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019803

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1104.60

C.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020015

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1100.54

SUBTOTAL of Disbursements This Page (optional) ▶

7580.25

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 714 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>ERICA CROCKER   | <b>Transaction ID:</b> SB21-0.019749<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 1 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 1 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>FINANCE CONSULTING  | <table border="1"> <tr> <td colspan="10">4100.00</td> </tr> </table>  | 4100.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4100.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>LUCY CROXTON  | <b>Transaction ID:</b> SB21-0.019804<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">1144.38</td> </tr> </table>  | 1144.38 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1144.38  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>LUCY CROXTON  | <b>Transaction ID:</b> SB21-0.020016<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">1140.32</td> </tr> </table>  | 1140.32 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1140.32  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

6384.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 715 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LUCY NOELL CROXTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019917

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

2038.45

B.

Full Name (Last, First, Middle Initial)

MEGAN CUMMINGS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019805

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1846.61

C.

Full Name (Last, First, Middle Initial)

MEGAN CUMMINGS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020017

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1842.56

SUBTOTAL of Disbursements This Page (optional) .....

5727.62

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 717 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EMILY DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019807

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2459.50

B.

Full Name (Last, First, Middle Initial)

EMILY DAVIS

Mailing Address 320 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019958

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

1192.14

C.

Full Name (Last, First, Middle Initial)

EMILY DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020019

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2455.44

SUBTOTAL of Disbursements This Page (optional) .....

6107.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 718 / 846

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019808

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2435.64

**B.**

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2425.22

**C.**

Full Name (Last, First, Middle Initial)

MARIA I DIESEL

Mailing Address 1533 JOHNNYS WAY

City  
WEST CHESTER

State  
PA

Zip Code  
19382

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019938

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10060.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 719 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>LEAH DOW<br>Mailing Address 320 1ST ST SE   | <b>Transaction ID:</b> SB21-0.019809<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 1 1</div> </div>  |
| City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>995.47</div>  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>LEAH DOW<br>Mailing Address 320 1ST ST SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | <b>Transaction ID:</b> SB21-0.020021<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>991.43</div>  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>THOMAS J DUNN<br>Mailing Address 320 1ST ST SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21-0.019810<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>2216.35</div> |

**SUBTOTAL** of Disbursements This Page (optional) .....

4203.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 720 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020022

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2212.27

B.

Full Name (Last, First, Middle Initial)

GEOFFREY EMBLER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019811

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

3594.90

C.

Full Name (Last, First, Middle Initial)

GEOFFREY EMBLER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020023

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

3594.91

SUBTOTAL of Disbursements This Page (optional) .....

9402.08

TOTAL This Period (last page this line number only) .....



|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 722 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>NICHOLAS FLOCKEN   | <b>Transaction ID:</b> SB21-0.020025<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td>591.21</td> </tr> </table>  | 591.21  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 591.21   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>GABRIELE FORSYTH   | <b>Transaction ID:</b> SB21-0.019814<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td>2404.50</td> </tr> </table>   | 2404.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2404.50  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>GABRIELE FORSYTH   | <b>Transaction ID:</b> SB21-0.019960<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 6 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 6 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>TRAVEL  | <table border="1"> <tr> <td>83.10</td> </tr> </table>   | 83.10   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 83.10  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

3078.81

**TOTAL** This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 724 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COREY FRITZ

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019816

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

659.95

B.

Full Name (Last, First, Middle Initial)

COREY FRITZ

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020028

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

655.88

C.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019817

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

4107.11

SUBTOTAL of Disbursements This Page (optional) .....

5422.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 725 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**JESSICA C FURST**

Mailing Address **320 1ST ST SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.019920**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**601.34**

**B.**

Full Name (Last, First, Middle Initial)

**JESSICA C FURST**

Mailing Address **320 1ST ST SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.020030**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**4103.04**

**C.**

Full Name (Last, First, Middle Initial)

**GEORGE G GRIFFIN**

Mailing Address **320 1ST ST SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**PAYROLL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.019818**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**2869.78**

**SUBTOTAL** of Disbursements This Page (optional) .....

**7574.16**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 726 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020031

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2859.38

B.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019819

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

4622.18

C.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019921

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

2873.42

SUBTOTAL of Disbursements This Page (optional) .....

10354.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 727 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>ORRIN L HARRISON  | <b>Transaction ID:</b> SB21-0.020032<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">4611.77</td> </tr> </table>  | 4611.77 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4611.77  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>KAYLEE HEATHCOTT  | <b>Transaction ID:</b> SB21-0.019820<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">1144.38</td> </tr> </table>  | 1144.38 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1144.38  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KAYLEE HEATHCOTT  | <b>Transaction ID:</b> SB21-0.020033<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">1140.32</td> </tr> </table>  | 1140.32 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1140.32  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

6896.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 728 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>HEATHER HENDERSON  | <b>Transaction ID:</b> SB21-0.019821<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAYROLL  | <table border="1"> <tr> <td colspan="10">2755.98</td> </tr> </table>  | 2755.98 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2755.98  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>HEATHER HENDERSON  | <b>Transaction ID:</b> SB21-0.020034<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAYROLL  | <table border="1"> <tr> <td colspan="10">2751.93</td> </tr> </table>  | 2751.93 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2751.93  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>HEATHER HENDERSON  | <b>Transaction ID:</b> SB21-0.020174<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 3 | 0 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 3 | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement TRAVEL   | <table border="1"> <tr> <td colspan="10">642.00</td> </tr> </table>   | 642.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 642.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**6149.91**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 729 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEB HENSARLING

Mailing Address 129 CANNON HOB

City  
WASHINGTON

State  
DC

Zip Code  
20515

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020194

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

1392.40

B.

Full Name (Last, First, Middle Initial)

LIESL HICKEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019822

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

3741.28

C.

Full Name (Last, First, Middle Initial)

LIESL HICKEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020035

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

3730.85

**SUBTOTAL** of Disbursements This Page (optional) .....

8864.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 730 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TYLER HOULTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019823

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1902.76

B.

Full Name (Last, First, Middle Initial)

TYLER HOULTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020036

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1898.71

C.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019824

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1618.05

SUBTOTAL of Disbursements This Page (optional) .....

5419.52

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 731 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020037

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

1613.99

**B.**

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020135

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

954.58

**C.**

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019825

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

2479.51

SUBTOTAL of Disbursements This Page (optional) .....

5048.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 732 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020039

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2475.45

B.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019826

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2243.46

C.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020041

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2239.40

SUBTOTAL of Disbursements This Page (optional) .....

6958.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 733 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT JONES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019827

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1275.74

B.

Full Name (Last, First, Middle Initial)

ROBERT JONES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020042

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1271.68

C.

Full Name (Last, First, Middle Initial)

ROBERT JONES

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020175

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

39.77

SUBTOTAL of Disbursements This Page (optional) .....

2587.19

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 734 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIC JOYNER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019828

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1433.11

B.

Full Name (Last, First, Middle Initial)

ERIC JOYNER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020043

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1429.06

C.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019829

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1759.47

SUBTOTAL of Disbursements This Page (optional) .....

4621.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 735 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020045

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1755.39

B.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019830

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1281.22

C.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020047

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1277.18

SUBTOTAL of Disbursements This Page (optional) .....

4313.79

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 737 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ADAM KINCAID

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020050

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2475.50

B.

Full Name (Last, First, Middle Initial)

ROBYN KNECHT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019845

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1659.65

C.

Full Name (Last, First, Middle Initial)

ROBYN KNECHT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020053

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1655.59

SUBTOTAL of Disbursements This Page (optional) .....

5790.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 738 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JANICE L KNOPP

Mailing Address 236 KENTUCKY AVE SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019753

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

7500.00

B.

Full Name (Last, First, Middle Initial)

THEODORE KWONG

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019844

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1384.92

C.

Full Name (Last, First, Middle Initial)

THEODORE KWONG

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020055

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1384.92

SUBTOTAL of Disbursements This Page (optional) .....

10269.84

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 740 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020058

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

3313.35

B.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019834

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2151.62

C.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020060

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2141.20

SUBTOTAL of Disbursements This Page (optional) .....

7606.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 741 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019835

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

3703.26

B.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020062

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

3699.18

C.

Full Name (Last, First, Middle Initial)

BROCK LOWRENCE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019836

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

984.38

SUBTOTAL of Disbursements This Page (optional) .....

8386.82

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 743 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINE MARTIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.019757

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.019838

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2235.75

**C.**

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.020067

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2317.65

**SUBTOTAL** of Disbursements This Page (optional) .....

6553.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 744 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|   |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
|---|---|-------------------|---|---|------------------|-------------------|----------------|---|---|---------|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>SALVATORE MAZZOLA   | <b>Transaction ID:</b> SB21-0.020137<br><b>Date of Disbursement</b>   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M                 | M   | /   | D                | D                 | /              | Y | Y   | Y       | Y | 0 | 6 |  | 2 | 3 |  | 2 | 0 | 1 | 1 |
| M   | M   | /                 | D   | D   | /                | Y                 | Y              | Y | Y   |         |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 6   |                   | 2   | 3   |                  | 2                 | 0              | 1 | 1   |         |   |   |   |  |   |   |  |   |   |   |   |
| <table border="1"> <tr> <td>City<br/>WASHINGTON</td> <td>State<br/>DC</td> <td>Zip Code<br/>20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement<br/>TRAVEL</td> <td rowspan="2">Category/<br/>Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>   | City<br>WASHINGTON  | State<br>DC       | Zip Code<br>20003   | Purpose of Disbursement<br>TRAVEL   |                  | Category/<br>Type | Candidate Name |   | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td>3192.87</td> </tr> </table> | 3192.87 |   |   |   |  |   |   |  |   |   |   |   |
| City<br>WASHINGTON  | State<br>DC   | Zip Code<br>20003 |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>TRAVEL   |   | Category/<br>Type |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| 3192.87   |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House<br/> <input type="checkbox"/> Senate<br/> <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table> | Office Sought:  | Disbursement For: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: District: |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| State: District:  |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>BROCK MCCLEARY  | <b>Transaction ID:</b> SB21-0.019839<br><b>Date of Disbursement</b>   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M                 | M   | /   | D                | D                 | /              | Y | Y   | Y       | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M   | M   | /                 | D   | D   | /                | Y                 | Y              | Y | Y   |         |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 6   |                   | 0   | 3   |                  | 2                 | 0              | 1 | 1   |         |   |   |   |  |   |   |  |   |   |   |   |
| <table border="1"> <tr> <td>City<br/>WASHINGTON</td> <td>State<br/>DC</td> <td>Zip Code<br/>20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement<br/>PAYROLL</td> <td rowspan="2">Category/<br/>Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>  | City<br>WASHINGTON  | State<br>DC       | Zip Code<br>20003   | Purpose of Disbursement<br>PAYROLL  |                  | Category/<br>Type | Candidate Name |   | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td>2935.40</td> </tr> </table> | 2935.40 |   |   |   |  |   |   |  |   |   |   |   |
| City<br>WASHINGTON  | State<br>DC   | Zip Code<br>20003 |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL  |   | Category/<br>Type |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| 2935.40   |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House<br/> <input type="checkbox"/> Senate<br/> <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table> | Office Sought:  | Disbursement For: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: District: |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| State: District:  |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>BROCK MCCLEARY  | <b>Transaction ID:</b> SB21-0.020069<br><b>Date of Disbursement</b>   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M                 | M   | /   | D                | D                 | /              | Y | Y   | Y       | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M   | M   | /                 | D   | D   | /                | Y                 | Y              | Y | Y   |         |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 6   |                   | 1   | 7   |                  | 2                 | 0              | 1 | 1   |         |   |   |   |  |   |   |  |   |   |   |   |
| <table border="1"> <tr> <td>City<br/>WASHINGTON</td> <td>State<br/>DC</td> <td>Zip Code<br/>20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement<br/>PAYROLL</td> <td rowspan="2">Category/<br/>Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>  | City<br>WASHINGTON  | State<br>DC       | Zip Code<br>20003   | Purpose of Disbursement<br>PAYROLL  |                  | Category/<br>Type | Candidate Name |   | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td>2924.98</td> </tr> </table> | 2924.98 |   |   |   |  |   |   |  |   |   |   |   |
| City<br>WASHINGTON  | State<br>DC   | Zip Code<br>20003 |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL  |   | Category/<br>Type |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| 2924.98   |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House<br/> <input type="checkbox"/> Senate<br/> <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table> | Office Sought:  | Disbursement For: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: District: |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought:  | Disbursement For:   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |
| State: District:  |   |                   |   |   |                  |                   |                |   |   |         |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

9053.25

**TOTAL** This Period (last page this line number only) .....



|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

State:  District:

599.15

State: District:

595.07

State: District:

2849.53

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 746 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRIS MCNULTY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019924

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

3662.66

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER MCNULTY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020073

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2839.11

C.

Full Name (Last, First, Middle Initial)

CATHERINE K MILLER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019842

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2121.46

SUBTOTAL of Disbursements This Page (optional) .....

8623.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 747 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CATHERINE K MILLER  | <b>Transaction ID:</b> SB21-0.020075<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">2117.41</td> </tr> </table>  | 2117.41 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2117.41  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>SEAN MURPHY   | <b>Transaction ID:</b> SB21-0.020077<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">1080.49</td> </tr> </table>  | 1080.49 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1080.49  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>BENJAMIN M OTTENHOFF  | <b>Transaction ID:</b> SB21-0.019841<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">3097.18</td> </tr> </table>  | 3097.18 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3097.18  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**6295.08**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 748 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020079

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

3086.77

B.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019847

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2734.02

C.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019964

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

212.55

SUBTOTAL of Disbursements This Page (optional) .....

6033.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 749 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>LIBRADO PADILLA   | <b>Transaction ID:</b> SB21-0.020081<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">2729.96</td> </tr> </table>  | 2729.96 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2729.96  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>SEAN PHILBIN  | <b>Transaction ID:</b> SB21-0.020083<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">849.84</td> </tr> </table>   | 849.84  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 849.84   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>GRISELLE RAMIREZ GARRATON   | <b>Transaction ID:</b> SB21-0.019939<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address CALLE 3<br>B-20 URB VILLAS DE SAN FRANCISCO  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 6 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 6 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City SAN JUAN State PR Zip Code 00927  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>CATERING  | <table border="1"> <tr> <td colspan="10">1992.05</td> </tr> </table>  | 1992.05 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1992.05  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

5571.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 750 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JOHN R RANDALL  | <b>Transaction ID:</b> SB21-0.019848<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">3281.81</td> </tr> </table>  | 3281.81 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3281.81  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOHN R RANDALL  | <b>Transaction ID:</b> SB21-0.020085<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">3271.38</td> </tr> </table>  | 3271.38 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3271.38  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>CELIA RILEY   | <b>Transaction ID:</b> SB21-0.019849<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">1786.15</td> </tr> </table>  | 1786.15 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1786.15  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**8339.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 751 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020087

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1782.09

B.

Full Name (Last, First, Middle Initial)

JOHN ROGERS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019850

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2350.06

C.

Full Name (Last, First, Middle Initial)

JOHN ROGERS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019966

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

2709.12

SUBTOTAL of Disbursements This Page (optional) .....

6841.27

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 752 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN ROGERS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020089

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2345.99

B.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019851

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1177.81

C.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020091

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1173.75

SUBTOTAL of Disbursements This Page (optional) .....

4697.55

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 753 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PABLO SANCHEZ

Mailing Address 1032 N DANVILLE ST

City  
ARLINGTON

State  
VA

Zip Code  
22204

Purpose of Disbursement  
PERSONNEL SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019759

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

5750.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019852

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2620.59

C.

Full Name (Last, First, Middle Initial)

PETE SESSIONS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020144

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

383.34

SUBTOTAL of Disbursements This Page (optional) .....

8753.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 754 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019853

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

4308.08

B.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019909

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

2274.35

C.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019950

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

113.00

SUBTOTAL of Disbursements This Page (optional) .....

6695.43

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 755 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JENNIFER S SHEFFIELD  | <b>Transaction ID:</b> SB21-0.020093<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">4304.01</td> </tr> </table>  | 4304.01 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4304.01  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>MIKE S SHIELDS  | <b>Transaction ID:</b> SB21-0.019854<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td colspan="10">4994.90</td> </tr> </table>  | 4994.90 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4994.90  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MIKE S SHIELDS  | <b>Transaction ID:</b> SB21-0.019929<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 9 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 9 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>TRAVEL  | <table border="1"> <tr> <td colspan="10">3704.28</td> </tr> </table>  | 3704.28 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3704.28  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

13003.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 756 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019967

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

89.57

B.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020095

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

4984.47

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020145

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

60.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5134.04

**TOTAL** This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

State:  District:

06 / 03 / 2011

1468.35

State:  District:

06 / 17 / 2011

1464.28

State: District:

1356.40

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 758 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020099

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1352.35

B.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019857

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1246.69

C.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019970

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

49.00

SUBTOTAL of Disbursements This Page (optional) .....

2648.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 759 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAYLA SULZER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020101

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1242.65

B.

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019858

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1356.05

C.

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020103

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1351.99

SUBTOTAL of Disbursements This Page (optional) .....

3950.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 760 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MATT VRIESEMA

Mailing Address 470 FAWELL BLVD, #508

City  
GLEN ELLYN

State  
IL

Zip Code  
60137

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020201

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

13806.19

B.

Full Name (Last, First, Middle Initial)

DAVID WATTS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019862

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

2709.27

C.

Full Name (Last, First, Middle Initial)

DAVID WATTS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020105

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

2698.85

SUBTOTAL of Disbursements This Page (optional) .....

19214.31

TOTAL This Period (last page this line number only) .....



|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

1286.06

1027.15

1023.09

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 762 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | <b>Transaction ID:</b> SB21-0.019864<br><b>Date of Disbursement</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |   | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td>1</td><td>4</td><td>3</td><td>3</td><td>.</td><td>1</td><td>1</td> </tr> </table>   | 1 | 4 | 3 | 3 | . | 1 | 1 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 4   | 3 | 3 | . | 1 | 1 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | <b>Transaction ID:</b> SB21-0.020109<br><b>Date of Disbursement</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |   | 1 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td>1</td><td>4</td><td>2</td><td>9</td><td>.</td><td>0</td><td>5</td> </tr> </table>   | 1 | 4 | 2 | 9 | . | 0 | 5 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 4   | 2 | 9 | . | 0 | 5 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JOE N WYNN, JR  | <b>Transaction ID:</b> SB21-0.019865<br><b>Date of Disbursement</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 320 1ST ST SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 3 |  | 2 | 0 | 1 | 1 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |   | 0 | 3 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL   | <table border="1"> <tr> <td>1</td><td>3</td><td>9</td><td>1</td><td>.</td><td>4</td><td>2</td> </tr> </table>   | 1 | 3 | 9 | 1 | . | 4 | 2 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 3   | 9 | 1 | . | 4 | 2 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**4253.58**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 763 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020111

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

1387.38

B.

Full Name (Last, First, Middle Initial)

1-800-GOT-JUNK?

Mailing Address 4815 ST ELMO AVE

City  
BETHESDA

State  
MD

Zip Code  
20814

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019953

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

360.71

C.

Full Name (Last, First, Middle Initial)

AMERICA DIRECT INC

Mailing Address 1272 CORPORATE PARK DRIVE  
2ND FL

City  
FOREST

State  
VA

Zip Code  
24551

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020150

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

44615.94

SUBTOTAL of Disbursements This Page (optional) .....

46364.03

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 764 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020125

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

85893.24

B.

Full Name (Last, First, Middle Initial)

ADOBE SYSTEMS

Mailing Address 345 PARK AVE

City  
SAN JOSE

State  
CA

Zip Code  
95110-2704

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023675

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

2754.94

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AIRTRAN AIRWAYS

Mailing Address 9955 AIRTRAN BLVD

City  
ORLANDO

State  
FL

Zip Code  
32827

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023677

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

115.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

85893.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 765 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**ALS PIZZERIA**

Mailing Address **1382 E CAPITOL ST NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement  
**FOOD/BEVERAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.023679**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**63.23**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

**AMAZON.COM**

Mailing Address **1200 12TH AVE**

City **SEATTLE** State **WA** Zip Code **98144**

Purpose of Disbursement  
**EQUIPMENT PURCHASE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.023681**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**57.57**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

**AMAZON.COM**

Mailing Address **1200 12TH AVE**

City **SEATTLE** State **WA** Zip Code **98144**

Purpose of Disbursement  
**EQUIPMENT PURCHASE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.023683**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**68.88**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 766 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMAZON.COM

Mailing Address 1200 12TH AVE

City  
SEATTLE

State  
WA

Zip Code  
98144

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023685

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

65.92

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023687

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

250.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023689

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

253.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 767 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023691

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

714.60

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023693

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

714.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 620081

City  
DALLAS

State  
TX

Zip Code  
75262

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023695

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

714.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 769 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
**BULLFEATHERS OF CAPITOL HILL**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023831

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

48.24

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**CAMPAIGN MONITOR**

Mailing Address 404/3-5 STAPLETON AVE  
AUSTRALIA

City SUTHERLAND, NSW State Zip Code

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023703

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**CHARLIE PALMER STEAKHOUSE**

Mailing Address 101 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023705

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 770 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CONGRESSIONAL QUARTERLY INC

Mailing Address 77 K ST NE  
8TH FLOOR

City WASHINGTON State DC Zip Code 20002-4681

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023707

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

15965.49

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
CONGRESSIONAL QUARTERLY INC

Mailing Address 77 K ST NE  
8TH FLOOR

City WASHINGTON State DC Zip Code 20002-4681

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023709

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

8215.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
COSTCO CORP

Mailing Address 999 LAKE DR

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023711

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

134.61

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 771 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DELL

Mailing Address 1 DELL WAY

City  
ROUND ROCK

State  
TX

Zip Code  
78682-2222

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023713

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

3008.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELL

Mailing Address 1 DELL WAY

City  
ROUND ROCK

State  
TX

Zip Code  
78682-2222

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023715

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

39.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023717

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

503.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 773 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023725

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

25.18

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023727

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

16.85

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

GIANT FOOD

Mailing Address 8301 PROFESSIONAL PL  
STE 115

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement

FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023729

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

178.86

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 774 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GIANT FOOD

Mailing Address 8301 PROFESSIONAL PL  
STE 115

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023731

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

492.43

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

GIANT FOOD

Mailing Address 8301 PROFESSIONAL PL  
STE 115

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023733

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

340.30

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

GOOGLE INC

Mailing Address Dept. 33654  
P.O. Box 39000

City San Francisco State CA Zip Code 94139

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023735

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

1660.15

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 775 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HYATT HOTELS

Mailing Address 71 S WACKER DR  
16TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023737

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

194.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

HYATT HOTELS

Mailing Address 71 S WACKER DR  
16TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023739

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

194.10

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

HYATT HOTELS

Mailing Address 71 S WACKER DR  
16TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023741

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

326.46

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 776 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>LEXIS-NEXIS   | <b>Transaction ID:</b> SB21-0.023743<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO BOX 7247-7090   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 1 |  | 2 | 0 | 1 | 1 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |          | 0 | 1 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City PHILADELPHIA State PA Zip Code 19170-7090   | Amount of Each Disbursement this Period   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>SUBSCRIPTIONS<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">16219.07</td> </tr> </table>   | 16219.07 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 16219.07   |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>LYNDIA.COM  | <b>Transaction ID:</b> SB21-0.023745<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6410 VIA REAL  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 1 |  | 2 | 0 | 1 | 1 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |          | 0 | 1 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City CARPINTERIA State CA Zip Code 93013   | Amount of Each Disbursement this Period   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>SUBSCRIPTIONS<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>  | 25.00    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 25.00  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MAIL CHIMP  | <b>Transaction ID:</b> SB21-0.023747<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 512 MEANS ST<br>STE 404  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 1 |  | 2 | 0 | 1 | 1 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |          | 0 | 1 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City ATLANTA State GA Zip Code 30318   | Amount of Each Disbursement this Period   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>WEB SERVICE<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">141.00</td> </tr> </table>   | 141.00   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 141.00   |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 777 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023749

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2011

Amount of Each Disbursement this Period

350.37

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023751

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2011

Amount of Each Disbursement this Period

350.37

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023753

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2011

Amount of Each Disbursement this Period

159.19

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 778 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023755

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

159.19

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023757

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

1331.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

NEW EGG.COM

Mailing Address 16839 E GALA AVE

City INDUSTRY State CA Zip Code 91745

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023781

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

35.98

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 779 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEW EGG.COM

Mailing Address 16839 E GALA AVE

City  
INDUSTRY

State  
CA

Zip Code  
91745

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.023783

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

83.98

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

NEW EGG.COM

Mailing Address 16839 E GALA AVE

City  
INDUSTRY

State  
CA

Zip Code  
91745

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.023785

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

38.99

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

PACER

Mailing Address PO BOX 70951

City  
CHARLOTTE

State  
NC

Zip Code  
28272

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.023787

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

32.88

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 780 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PARALLELS INC

Mailing Address 500 SW 39TH ST  
STE 200

City RENTON State WA Zip Code 98057

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023789

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

92.20

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

RASMUSSEN REPORTS

Mailing Address 625 COOKMAN AVE  
STE 2

City ASBURY PARK State NJ Zip Code 07712

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023791

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

19.95

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023793

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

146.70

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 781 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address DEPT 00-05396544  
PO BOX 183174

City COLUMBUS State OH Zip Code 43218-3174

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023795

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

529.89

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address DEPT 00-05396544  
PO BOX 183174

City COLUMBUS State OH Zip Code 43218-3174

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023797

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

24.37

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SUBWAY RESTAURANTS

Mailing Address 406 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023799

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

7.15

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 782 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE NEW YORK PALACE HOTEL

Mailing Address 455 MADISON AVE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023777

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

718.46

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

THE NEW YORK PALACE HOTEL

Mailing Address 455 MADISON AVE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023779

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

456.77

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

TREASURE ISLAND HOTEL

Mailing Address 3300 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023801

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

845.46

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 783 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023805

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

337.87

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023807

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

186.69

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023809

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

181.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 784 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**UPS**

Mailing Address **PO BOX 7247-0244**

City **PHILADELPHIA** State **PA** Zip Code **19170-0001**

Purpose of Disbursement  
**DELIVERY**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.023811

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**128.11**

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**US AIRWAYS**

Mailing Address **2345 CRYSTAL DR**

City **ARLINGTON** State **VA** Zip Code **22227**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.023813

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**478.35**

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**US AIRWAYS**

Mailing Address **2345 CRYSTAL DR**

City **ARLINGTON** State **VA** Zip Code **22227**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.023815

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**478.35**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 785 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTON

State  
DC

Zip Code  
20018-1004

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023803

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

660.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023817

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

62.87

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023819

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

3633.14

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 786 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address PO BOX 371392

City  
PITTSBURGH

State  
PA

Zip Code  
15250-7392

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023821

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

7287.33

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 25505

City  
LEHIGH VALLEY

State  
PA

Zip Code  
18002-5505

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023823

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

8042.11

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VIMEO

Mailing Address 555 W 18TH ST

City  
NEW YORK

State  
NY

Zip Code  
10011

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.023825

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

9.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 787 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. Full Name (Last, First, Middle Initial)  
WASHINGTON METRO AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023827

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Amount of Each Disbursement this Period

2462.85

[MEMO ITEM]

**B. Full Name (Last, First, Middle Initial)  
WUFOO INFINITY BOX INC**

Mailing Address 12157 W LINEBAUGH AVE

City TAMPA State FL Zip Code 33626

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.023829

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Amount of Each Disbursement this Period

29.95

[MEMO ITEM]

**C. Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT**

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020574

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Amount of Each Disbursement this Period

5516.60

SUBTOTAL of Disbursements This Page (optional) .....

5516.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 788 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020578

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

66.84

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020582

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

604.39

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020586

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

1262.07

**SUBTOTAL** of Disbursements This Page (optional) .....

1933.30

**TOTAL** This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 790 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. AUTOMATIC DATA PROCESSING**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City  
LOUISVILLE

State  
KY

Zip Code  
40290-1006

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019913

Date of Disbursement

/   /

Amount of Each Disbursement this Period

945.30

**B. AUTOMATIC DATA PROCESSING**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City  
LOUISVILLE

State  
KY

Zip Code  
40290-1006

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

555.63

**C. AVIS RENT A CAR SYSTEM INC**

Full Name (Last, First, Middle Initial)

AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City  
CHICAGO

State  
IL

Zip Code  
60693

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019763

Date of Disbursement

/   /

Amount of Each Disbursement this Period

85.81

**SUBTOTAL** of Disbursements This Page (optional) .....

1586.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 791 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AVITECTURE INC

Mailing Address 1 EXPORT DR

City  
STERLING

State  
VA

Zip Code  
20164-4421

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3750.17

**B.**

Full Name (Last, First, Middle Initial)

BLOOMBERG FINANCE L.P.

Mailing Address P.O. BOX 30244

City  
HARTFORD

State  
CT

Zip Code  
06150-0244

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12084.00

**C.**

Full Name (Last, First, Middle Initial)

BURCH MUNFORD DIRECT

Mailing Address 901 N WASHINGTON ST, STE 300

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019894

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4247.26

**SUBTOTAL** of Disbursements This Page (optional) .....

20081.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 792 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
CAPITAL RESEARCH GROUP

Mailing Address 1901 PENNSYLVANIA AVE NW  
STE 600

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.019746

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

7500.00

**B.**

Full Name (Last, First, Middle Initial)  
CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.019955

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

7179.87

**C.**

Full Name (Last, First, Middle Initial)  
CAREFREE OFFICE TECHNOLOGY INC

Mailing Address 10400 EATON PL  
STE 105

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.019765

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

68.07

**SUBTOTAL** of Disbursements This Page (optional) .....

14747.94

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 793 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAREFREE OFFICE TECHNOLOGY INC

Mailing Address 10400 EATON PL  
STE 105

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019956

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

80.58

B.

Full Name (Last, First, Middle Initial)

CFB STRATEGIES

Mailing Address 247 FARRAGUT AVE

City HASTINGS ON HUDSON State NY Zip Code 10706

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019895

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

999.00

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019978

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

25644.65

SUBTOTAL of Disbursements This Page (optional) .....

26724.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 794 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019936

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

78800.00

**B.** Full Name (Last, First, Middle Initial)  
COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019980

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

16367.44

**C.** Full Name (Last, First, Middle Initial)  
COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019870

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

381.58

**SUBTOTAL** of Disbursements This Page (optional) .....

95549.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 795 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**COMPTROLLER OF MARYLAND**

Mailing Address **STATE INCOME TAX BLDG**

City **ANNAPOLIS** State **MD** Zip Code **21411**

Purpose of Disbursement  
**PAYROLL TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020117

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**448.24**

**B.**

Full Name (Last, First, Middle Initial)  
**CONFERENCE AMERICA INC**

Mailing Address **PO BOX 241188**

City **MONTGOMERY** State **AL** Zip Code **36124-1188**

Purpose of Disbursement  
**PHONE SVC**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019915

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**2160.02**

**C.**

Full Name (Last, First, Middle Initial)  
**CONRAD DIRECT INC**

Mailing Address **300 KNICKERBOCKER RD**

City **CRESSKILL** State **NJ** Zip Code **07626**

Purpose of Disbursement  
**DATA PROCESSING SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.020151

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**640.16**

**SUBTOTAL** of Disbursements This Page (optional) .....

**3248.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 796 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>CONTENT ACTIVE LLC   | <b>Transaction ID:</b> SB21-0.019957<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO BOX 2279  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 6 |  | 2 | 0 | 1 | 1 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |          | 1 | 6 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City CYPRESS State TX Zip Code 77410   | <b>Amount of Each Disbursement this Period</b>  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement WEB SERVICE<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">1416.31</td> </tr> </table>  | 1416.31  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1416.31  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>DATALAB USA LLC  | <b>Transaction ID:</b> SB21-0.019748<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 20261 GOLDENROD LN   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 1 |  | 2 | 0 | 1 | 1 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |          | 0 | 1 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City GERMANTOWN State MD Zip Code 20876  | <b>Amount of Each Disbursement this Period</b>  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement DATA PROCESSING SERVICES<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">26000.00</td> </tr> </table>   | 26000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 26000.00   |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>DATALAB USA LLC  | <b>Transaction ID:</b> SB21-0.019937<br><b>Date of Disbursement</b>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 20261 GOLDENROD LN   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 6 |  | 2 | 0 | 1 | 1 |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |          | 1 | 6 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City GERMANTOWN State MD Zip Code 20876  | <b>Amount of Each Disbursement this Period</b>  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement DATA PROCESSING SERVICES<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>  | 6000.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 6000.00  |   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**33416.31**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 797 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City  
GERMANTOWNState  
MDZip Code  
20876Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020152

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

23452.00

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTONState  
DCZip Code  
20013Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019868

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

7303.91

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTONState  
DCZip Code  
20013Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019869

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

194.54

SUBTOTAL of Disbursements This Page (optional) .....

30950.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 798 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City  
WASHINGTON

State  
DC

Zip Code  
20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019919

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

1316.62

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City  
WASHINGTON

State  
DC

Zip Code  
20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019933

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

1086.00

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020113

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

7050.54

SUBTOTAL of Disbursements This Page (optional) .....

9453.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 799 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020115

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

168.58

B.

Full Name (Last, First, Middle Initial)

DESIGN CUISINE

Mailing Address 2659 SOUTH SHIRLINGTON RD

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019898

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

DOT THE I DESIGN AND GRAPHICS

Mailing Address 2814 GLENDALE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28209

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020153

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional) .....

10768.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 800 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>ELAVON</b>   | <b>Transaction ID:</b> SB21-0.00000A1<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b>   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 3 | 0 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 3 | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b>  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br><b>BANK FEE</b>   | <table border="1"> <tr> <td colspan="10">45.00</td> </tr> </table>  | 45.00   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 45.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>ELAVON</b>   | <b>Transaction ID:</b> SB21-0.020572<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b>   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 3 | 0 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 3 | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b>  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br><b>BANK FEE</b>   | <table border="1"> <tr> <td colspan="10">4458.44</td> </tr> </table>  | 4458.44 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4458.44  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>ELAVON</b>   | <b>Transaction ID:</b> SB21-0.020576<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b>   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 3 | 0 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 3 | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b>  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br><b>BANK FEE</b>   | <table border="1"> <tr> <td colspan="10">412.73</td> </tr> </table>   | 412.73  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 412.73   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**4916.17**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 801 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

|           |   |  |
|-----------|---|--|
| <b>A.</b> | <p>Full Name (Last, First, Middle Initial)<br/> <b>ELAVON</b></p> <p>Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b></p> <p>City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b></p> <p>Purpose of Disbursement<br/> <b>BANK FEE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>         State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21-0.020580<br/> <b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>2751.30</div> </p> |
| <b>B.</b> | <p>Full Name (Last, First, Middle Initial)<br/> <b>ELAVON</b></p> <p>Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b></p> <p>City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b></p> <p>Purpose of Disbursement<br/> <b>BANK FEE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>         State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21-0.020584<br/> <b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>2883.52</div> </p> |
| <b>C.</b> | <p>Full Name (Last, First, Middle Initial)<br/> <b>ELAVON</b></p> <p>Mailing Address <b>ONE CONCOURSE PKWY, STE 300</b></p> <p>City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30328</b></p> <p>Purpose of Disbursement<br/> <b>BANK FEE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>         State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21-0.020588<br/> <b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>50.00</div> </p>   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**5684.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 802 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019750

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

7500.00

B.

Full Name (Last, First, Middle Initial)

EXECUTIVE PRESS INC

Mailing Address 10412 MAIN STREET

City  
FAIRFAX

State  
VA

Zip Code  
22030

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020154

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

2145.65

C.

Full Name (Last, First, Middle Initial)

GUARDIAN LIFE INSURANCE COMPANY

Mailing Address PO BOX 95101

City  
CHICAGO

State  
IL

Zip Code  
60694-5101

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020133

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

7281.70

SUBTOTAL of Disbursements This Page (optional) .....

16927.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 803 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City Austin State TX Zip Code 78757

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019899

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

1477.61

B.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD  
STE 105

City Austin State TX Zip Code 78757

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020155

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

16407.51

C.

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL PLLC

Mailing Address 45 NORTH HILL DR  
SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019751

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

27885.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 804 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019752

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

10021.28

B.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019777

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

157495.37

C.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City PHILADELPHIA State PA Zip Code 19125

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019940

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

9834.00

SUBTOTAL of Disbursements This Page (optional) .....

177350.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 805 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**ICS CORPORATION**

Mailing Address **2225 RICHMOND ST**

City **PHILADELPHIA** State **PA** Zip Code **19125**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.019982**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**128855.78**

**B.**

Full Name (Last, First, Middle Initial)

**ICS CORPORATION**

Mailing Address **2225 RICHMOND ST**

City **PHILADELPHIA** State **PA** Zip Code **19125**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.020195**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**46158.36**

**C.**

Full Name (Last, First, Middle Initial)

**ILLUMEN**

Mailing Address **1000 POTOMAC ST NW**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Disbursement  
**SUBSCRIPTIONS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21-0.019767**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**833.33**

**SUBTOTAL** of Disbursements This Page (optional) .....

**175847.47**

**TOTAL** This Period (last page this line number only) .....

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 807 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020156

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

13670.08

B.

Full Name (Last, First, Middle Initial)

INTERACTIVE MARKETING CONSULTING

Mailing Address 18318 EAST LAURA SHORE DR

City  
CYRPRESS

State  
TX

Zip Code  
77433

Purpose of Disbursement  
ECAMPAIGN CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019768

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

6666.67

C.

Full Name (Last, First, Middle Initial)

INTERACTIVE MARKETING CONSULTING

Mailing Address 18318 EAST LAURA SHORE DR

City  
CYRPRESS

State  
TX

Zip Code  
77433

Purpose of Disbursement  
ECAMPAIGN CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019922

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

8400.00

SUBTOTAL of Disbursements This Page (optional) .....

28736.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 808 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ISLAND AIR LLC

Mailing Address PO BOX 26195

City  
CHRISTIANSTED

State  
VI

Zip Code  
00824-2195

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019779

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

JACK H. LUCKY FLORAL DESIGN INC

Mailing Address 750 SUNDANCE MOUNTAIN

City  
NEW MARKET

State  
VA

Zip Code  
22844

Purpose of Disbursement  
DECORATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019902

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

2904.00

C.

Full Name (Last, First, Middle Initial)

JOHN GILL CONSULTING

Mailing Address 3424 WENTWOOD DR

City  
DALLAS

State  
TX

Zip Code  
75225

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020157

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

10904.00

TOTAL This Period (last page this line number only) .....



|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

State:  District:

2047.78

State: District:

2054.06

State: District:

1701.24

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 810 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIQUID CONSULTING LLC

Mailing Address 2701 DEL PASO ROAD  
SUITE 130-193

City SACRAMENTO State CA Zip Code 95835

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019942

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

3330.00

B.

Full Name (Last, First, Middle Initial)

LVH CONSULTING

Mailing Address 2119 PAUL SPRING ROAD

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019754

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

MAGELLAN DATA AND MAPPING

Mailing Address 1685 BOXELDER ST  
STE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020177

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

13330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 811 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**MARKET TECH GROUP**

Mailing Address **PO BOX 26864**

City **SALT LAKE CITY** State **UT** Zip Code **84126**

Purpose of Disbursement  
**FUNDRAISING PHONE CALLS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.019780**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**25545.86**

**B.**

Full Name (Last, First, Middle Initial)

**MARKET TECH GROUP**

Mailing Address **PO BOX 26864**

City **SALT LAKE CITY** State **UT** Zip Code **84126**

Purpose of Disbursement  
**FUNDRAISING PHONE CALLS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.019986**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**26366.51**

**C.**

Full Name (Last, First, Middle Initial)

**MARKET TECH GROUP**

Mailing Address **PO BOX 26864**

City **SALT LAKE CITY** State **UT** Zip Code **84126**

Purpose of Disbursement  
**FUNDRAISING PHONE CALLS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.020158**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**67772.28**

**SUBTOTAL** of Disbursements This Page (optional) .....

**119684.65**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 812 / 846

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARSH USA INC

Mailing Address MARSH SAN ANTONIO CBC  
DEPARTMENT 9728

City LOS ANGELES State CA Zip Code 90084-9728

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019923

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1645.00

**B.**

Full Name (Last, First, Middle Initial)

MERKLE INC

Mailing Address 100 JAMISON CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019905

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10435.66

**C.**

Full Name (Last, First, Middle Initial)

MERKLE INC

Mailing Address 100 JAMISON CT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019944

Date of Disbursement

/   /

Amount of Each Disbursement this Period

45890.39

**SUBTOTAL** of Disbursements This Page (optional) .....

57971.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 813 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL FITNESS NETWORK

Mailing Address 14059 VISTA DR  
#140-B

City LAUREL State MD Zip Code 20707

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020139

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

280.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019934

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

33476.64

C.

Full Name (Last, First, Middle Initial)

NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC

Mailing Address 815 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020141

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

27703.20

SUBTOTAL of Disbursements This Page (optional) .....

61459.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 814 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC

Mailing Address 815 SLATERS LANE

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020178

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

4413.50

B.

Full Name (Last, First, Middle Initial)

NEW ENGLAND PRESS INC

Mailing Address 1200 WAKE FOREST DR

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019926

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

161.75

C.

Full Name (Last, First, Middle Initial)

NEW ENGLAND PRESS INC

Mailing Address 1200 WAKE FOREST DR

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020179

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

402.05

SUBTOTAL of Disbursements This Page (optional) ▶

4977.30

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 815 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City  
CROFTON

State  
MD

Zip Code  
21114

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019756

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

13000.00

B.

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City  
CROFTON

State  
MD

Zip Code  
21114

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020142

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

14316.60

C.

Full Name (Last, First, Middle Initial)

OVERRIDE PRO

Mailing Address 4798 S FLORIDA AVE #177

City  
LAKELAND

State  
FL

Zip Code  
33813-2181

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019770

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

3600.00

SUBTOTAL of Disbursements This Page (optional) ▶

30916.60

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 816 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

OXFORD COMMUNICATIONS LLC

Mailing Address 121 S ALFRED ST  
STE 6

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019758

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

9166.66

B.

Full Name (Last, First, Middle Initial)

OXFORD POLITICAL

Mailing Address 121 S. ALFRED STREET, STE 8

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019945

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

315.26

C.

Full Name (Last, First, Middle Initial)

OXFORD POLITICAL

Mailing Address 121 S. ALFRED STREET, STE 8

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020160

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

5199.80

SUBTOTAL of Disbursements This Page (optional) .....

14681.72

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 817 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PKL CONSULTING

Mailing Address 621 THORNWOOD LANE

City  
NORTHFIELD

State  
IL

Zip Code  
60093

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019946

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

6080.00

**B.**

Full Name (Last, First, Middle Initial)

PLANET TECHNOLOGIES INC.

Mailing Address 20400 OBSERVATION DRIVE  
SUITE 204

City  
GERMANTOWN

State  
MD

Zip Code  
20876

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019927

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

21864.00

**C.**

Full Name (Last, First, Middle Initial)

POLITICAL MEDIA, INC

Mailing Address 406 FIRST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019906

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

698.10

**SUBTOTAL** of Disbursements This Page (optional) .....

28642.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 818 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>POLITICAL INK INC</p> <hr/> <p>Mailing Address 1341 CONNECTICUT AVE NW<br/>SUITE 5</p> <hr/> <p>City WASHINGTON State DC Zip Code 20036</p> <hr/> <p>Purpose of Disbursement<br/>PRINTING</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB21-0.019928</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 1 1</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div>750.00</div>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>PRECISION MARKETING</p> <hr/> <p>Mailing Address PO BOX 7670</p> <hr/> <p>City ARLINGTON State VA Zip Code 22207</p> <hr/> <p>Purpose of Disbursement<br/>FINANCE CONSULTING</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> SB21-0.019907</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 1 1</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div>4534.56</div> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>PRECISION DATA MANAGEMENT</p> <hr/> <p>Mailing Address 12120 SUNSET HILLS RD<br/>SUITE 450</p> <hr/> <p>City RESTON State VA Zip Code 20190</p> <hr/> <p>Purpose of Disbursement<br/>LIST RENTAL</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21-0.019947</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 1</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div>80.00</div>   |

**SUBTOTAL** of Disbursements This Page (optional) .....

5364.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 819 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRECISION DATA MANAGEMENT

Mailing Address 12120 SUNSET HILLS RD  
SUITE 450

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020161

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

2700.23

B.

Full Name (Last, First, Middle Initial)

PRESS ASSOCIATION INC

Mailing Address P.O. BOX 414243

City BOSTON State MA Zip Code 02241-4243

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019771

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

1507.28

C.

Full Name (Last, First, Middle Initial)

PRESS ASSOCIATION INC

Mailing Address P.O. BOX 414243

City BOSTON State MA Zip Code 02241-4243

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020180

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

1507.28

SUBTOTAL of Disbursements This Page (optional) .....

5714.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 820 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | <p>Full Name (Last, First, Middle Initial)<br/> <b>QWEST COMMUNICATIONS</b></p> <p>Mailing Address <b>PO BOX 52187</b></p> <p>City <b>PHOENIX</b> State <b>AZ</b> Zip Code <b>85072-2187</b></p> <p>Purpose of Disbursement<br/> <b>PHONE SVC</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>         State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB21-0.019772<br/> <b>Date of Disbursement</b><br/> <div> <div>06</div> <div>02</div> <div>2011</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>851.99</div></p>  |
| <b>B.</b> | <p>Full Name (Last, First, Middle Initial)<br/> <b>QWEST COMMUNICATIONS</b></p> <p>Mailing Address <b>PO BOX 52187</b></p> <p>City <b>PHOENIX</b> State <b>AZ</b> Zip Code <b>85072-2187</b></p> <p>Purpose of Disbursement<br/> <b>PHONE SVC</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>         State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB21-0.020181<br/> <b>Date of Disbursement</b><br/> <div> <div>06</div> <div>30</div> <div>2011</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>1115.32</div></p> |
| <b>C.</b> | <p>Full Name (Last, First, Middle Initial)<br/> <b>REPUBLICAN DEPOT, LLC</b></p> <p>Mailing Address <b>P.O. BOX 222</b></p> <p>City <b>UNION CITY</b> State <b>IN</b> Zip Code <b>47390</b></p> <p>Purpose of Disbursement<br/> <b>WEB SERVICE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>         State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21-0.019908<br/> <b>Date of Disbursement</b><br/> <div> <div>06</div> <div>09</div> <div>2011</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>100.00</div></p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**2067.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 821 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REPUBLICAN DEPOT, LLC

Mailing Address P.O. BOX 222

City

UNION CITY

State

IN

Zip Code

47390

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.019948

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City

ATHENS

State

GA

Zip Code

30601

Purpose of Disbursement

FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.020162

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

16435.04

C.

Full Name (Last, First, Middle Initial)

RST MARKETING ASSOCIATES INC

Mailing Address 1272 CORPORATE PARK DRIVE

City

FOREST

State

VA

Zip Code

24551

Purpose of Disbursement

PRINTING

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21-0.019781

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

5327.50

SUBTOTAL of Disbursements This Page (optional) .....

21862.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 822 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES INC  | <b>Transaction ID:</b> SB21-0.019949<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1272 CORPORATE PARK DRIVE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 6 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 6 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City FOREST State VA Zip Code 24551  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PRINTING  | <table border="1"> <tr> <td colspan="10">1650.00</td> </tr> </table>  | 1650.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1650.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | <b>Transaction ID:</b> SB21-0.019773<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO BOX 11181   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 2 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 2 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City CHATTANOOGA State TN Zip Code 37401-2181  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>WEB SERVICE   | <table border="1"> <tr> <td colspan="10">414.60</td> </tr> </table>   | 414.60  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 414.60   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | <b>Transaction ID:</b> SB21-0.019930<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO BOX 11181   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 9 |  | 2 | 0 | 1 | 1 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 9 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City CHATTANOOGA State TN Zip Code 37401-2181  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>WEB SERVICE   | <table border="1"> <tr> <td colspan="10">674.50</td> </tr> </table>   | 674.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 674.50   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

2739.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 823 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGA

State  
TN

Zip Code  
37401-2181

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019968

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

54.63

B.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGA

State  
TN

Zip Code  
37401-2181

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020146

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

689.66

C.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City  
CHATTANOOGA

State  
TN

Zip Code  
37401-2181

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020182

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

414.60

SUBTOTAL of Disbursements This Page (optional) ►

1158.89

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 824 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019935

Date of Disbursement

06 / 14 / 2011

Amount of Each Disbursement this Period

20292.32

B.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019988

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

60244.29

C.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020163

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

78462.93

SUBTOTAL of Disbursements This Page (optional) .....

158999.54

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 825 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020197

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

17173.32

B.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City  
FREDERICKSBURG

State  
VA

Zip Code  
22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019774

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

126.42

C.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City  
FREDERICKSBURG

State  
VA

Zip Code  
22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020183

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

126.42

SUBTOTAL of Disbursements This Page (optional) .....

17426.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 826 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SQUARE 737 LLC

Mailing Address 1100 NEW JERSEY AVE SE  
SUITE 1000

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PARKING SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020184

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

2420.00

**B.**

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address DEPT 00-05396544  
PO BOX 183174

City COLUMBUS State OH Zip Code 43218-3174

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.020147

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

2987.42

**C.**

Full Name (Last, First, Middle Initial)

STARBOARD GROUP

Mailing Address 1420 W CANAL CT  
SUITE 10

City LITTLETON State CO Zip Code 80120

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019760

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6907.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 827 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City CHICAGO State IL Zip Code 60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019782

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

33842.10

**B.** Full Name (Last, First, Middle Initial)  
STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City CHICAGO State IL Zip Code 60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019911

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

43529.94

**C.** Full Name (Last, First, Middle Initial)  
STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City CHICAGO State IL Zip Code 60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.019951

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

82459.06

**SUBTOTAL** of Disbursements This Page (optional) .....

159831.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 828 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City  
CHICAGO

State  
IL

Zip Code  
60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020164

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

19404.75

B.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City  
CHICAGO

State  
IL

Zip Code  
60689-5326

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020198

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

62824.93

C.

Full Name (Last, First, Middle Initial)

SUMMIT OPEN SYSTEMS LLC

Mailing Address PO BOX 841

City  
ARNOLD

State  
MD

Zip Code  
21012

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020148

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

82529.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 829 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THE COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019747

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City  
ARLINGTON

State  
VA

Zip Code  
22206-3613

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019903

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

21141.14

**C.**

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City  
ARLINGTON

State  
VA

Zip Code  
22206-3613

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.019943

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

1850.00

**SUBTOTAL** of Disbursements This Page (optional) .....

32991.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 830 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD  
9TH FLOOR

City ARLINGTON State VA Zip Code 22206-3613

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020196

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

9688.69

B.

Full Name (Last, First, Middle Initial)

THE MAIL HAUS

Mailing Address 1745 SUBURBAN DRIVE

City DE PERE State WI Zip Code 54115

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019952

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

3038.64

C.

Full Name (Last, First, Middle Initial)

THE MCINTOSH COMPANY

Mailing Address 5310 HARVEST HILL ROAD, STE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019755

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional) .....

20227.33

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 831 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THE MCINTOSH COMPANY

Mailing Address 5310 HARVEST HILL ROAD, STE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020159

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

100310.00

**B.**

Full Name (Last, First, Middle Initial)

THE UNIVERSITY CLUB NEW YORK

Mailing Address PO BOX 5475

City NEW YORK State NY Zip Code 10087-5475

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020200

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

818.29

**C.**

Full Name (Last, First, Middle Initial)

THE WOODS HERBERGER GROUP INC

Mailing Address 1200 ANASTASIA AVENUE, STE 310

City CORAL GABLES State FL Zip Code 33414

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019761

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional) .....

108628.29

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 832 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TMA DIRECT

Mailing Address 12120 SUNSET HILLS ROAD, STE 450

City  
RESTON

State  
VA

Zip Code  
20190

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020165

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

88572.12

B.

Full Name (Last, First, Middle Initial)

TMA DIRECT

Mailing Address 12120 SUNSET HILLS ROAD, STE 450

City  
RESTON

State  
VA

Zip Code  
20190

Purpose of Disbursement  
LIST MANAGEMENT SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020199

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

23071.47

C.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019873

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

19092.64

SUBTOTAL of Disbursements This Page (optional) .....

130736.23

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 833 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020123

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

18846.48

B.

Full Name (Last, First, Middle Initial)

UNITED HEALTHCARE

Mailing Address DEPARTMENT CH 10151

City  
PALATINE

State  
IL

Zip Code  
60055-0151

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019972

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

694.44

C.

Full Name (Last, First, Middle Initial)

UNITED HEALTHCARE

Mailing Address DEPARTMENT CH 10151

City  
PALATINE

State  
IL

Zip Code  
60055-0151

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020171

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

39732.84

SUBTOTAL of Disbursements This Page (optional) .....

59273.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 834 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019871

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

67763.15

B.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020119

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

67157.31

C.

Full Name (Last, First, Middle Initial)

US MONITOR SERVICE

Mailing Address 86 MAPLE AVE

City  
NEW YORK

State  
NY

Zip Code  
10956-5092

Purpose of Disbursement  
LIST MANAGEMENT SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020166

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

1115.40

SUBTOTAL of Disbursements This Page (optional) .....

136035.86

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 835 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTONState  
DCZip Code  
20018-1004Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019989

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

40000.00

**B.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTONState  
DCZip Code  
20018-1004Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020168

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

190.00

**C.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City  
WASHINGTONState  
DCZip Code  
20018-1004Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020169

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

190.00

SUBTOTAL of Disbursements This Page (optional) .....

40380.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 836 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON CABS

Mailing Address PO BOX 4832

City  
TRENTON

State  
NJ

Zip Code  
08650-4832

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019931

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

1682.14

B.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City  
RICHMOND

State  
VA

Zip Code  
23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019872

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

4657.80

C.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City  
RICHMOND

State  
VA

Zip Code  
23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020121

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

4716.62

SUBTOTAL of Disbursements This Page (optional) .....

11056.56

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 837 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
LOAN INTEREST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020170

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

11301.29

B.

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020570

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

1720.72

C.

Full Name (Last, First, Middle Initial)

WESTAR SATELLITE SERVICES

Mailing Address PO BOX 974375

City  
DALLAS

State  
TX

Zip Code  
75397-4375

Purpose of Disbursement  
TV UPLINK SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019775

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

2740.19

SUBTOTAL of Disbursements This Page (optional) .....

15762.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 838 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WESTAR SATELLITE SERVICES

Mailing Address PO BOX 974375

City  
DALLAS

State  
TX

Zip Code  
75397-4375

Purpose of Disbursement  
TV UPLINK SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020186

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

482.04

B.

Full Name (Last, First, Middle Initial)

WILAND DIRECT

Mailing Address 6309 MONARCH PARK PLACE, STE 201

City  
LONGMONT

State  
CO

Zip Code  
80503

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020167

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

587.50

C.

Full Name (Last, First, Middle Initial)

WILAND DIRECT

Mailing Address 6309 MONARCH PARK PLACE, STE 201

City  
LONGMONT

State  
CO

Zip Code  
80503

Purpose of Disbursement  
LIST MANAGEMENT SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.020202

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

2162.88

SUBTOTAL of Disbursements This Page (optional) .....

3232.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 839 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019776

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

1541.96

B.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019932

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

2290.61

C.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.019974

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

1686.33

SUBTOTAL of Disbursements This Page (optional) .....

5518.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 840 / 846

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City  
SEATTLE

State  
WA

Zip Code  
98124-1740

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.020149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2658.95

**B.**

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21-0.020143

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104205.45

**SUBTOTAL** of Disbursements This Page (optional) .....

106864.40

**TOTAL** This Period (last page this line number only) .....

2804180.66



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 841 / 846

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMODEI FOR NEVADA

Mailing Address 503 N DIVISION ST

City CARSON CITY State NV Zip Code 89703

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MARK AMODEI

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NV District: 02

SPECIAL GENERAL

Transaction ID: SB23-0.020190

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CRAIG HUEY FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
CRAIG HUEY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 36

SPECIAL GENERAL

Transaction ID: SB23-0.020189

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 842 / 846

|                              |                              |                              |                              |                             |  |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input checked="" type="checkbox"/> 26 |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b           |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LOAN PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB26-0.020188

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000000.00

**B.**

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LOAN PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB26-0.020192

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500000.00

**TOTAL** This Period (last page this line number only) .....

3500000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 843 / 846

|                              |                              |                              |   |                             |                              |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24             | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input checked="" type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONTINUING AMERICA'S STRENGTH & SECURITY - CASSPAC

Mailing Address P.O. BOX 80694

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28C-0.019991

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

15000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 844 / 846

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN THOMPSON

Mailing Address 320 RIVER RANCH WAY

City OCEANSIDE State CA Zip Code 92057

Purpose of Disbursement  
RECOUNT TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.019762

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

364.24

B.

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL PLLC

Mailing Address 45 NORTH HILL DR  
 SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement  
RECOUNT LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29-0.019976

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

8393.75

SUBTOTAL of Disbursements This Page (optional) .....

8757.99

TOTAL This Period (last page this line number only) .....

8757.99

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 845 / 846

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SCHEDC\_1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
WACHOVIA

Election:

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code 22102

Original Amount of Loan

12000000.00

Cumulative Payment To Date

8500000.00

Balance Outstanding at Close of This Period

3500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
1 4Y Y Y Y  
2 0 1 0

09/14/2011

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3500000.00

**TOTALS** This Period (last page in this line only) ▶

3500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 846 / 846

FOR LINE 25 OF FORM 3X

|  |  |   |                                    |
|--|--|---|------------------------------------|
| NAME OF COMMITTEE (In Full)<br>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE   |  |   |                                    |
| Has your committee been designated to make coordinated expenditures by a political party committee?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | Full Name of Subordinate Committee<br>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE |                                    |
| If YES, name the designating committee:<br>REPUBLICAN NATIONAL COMMITTEE   |  | Mailing Address<br>320 1ST ST SE  |                                    |
|  |  | City<br>WASHINGTON  | State<br>DC      ZIP Code<br>20003 |

  

|   |  |                           |                        |   |  |                               |
|---|--|---------------------------|------------------------|---|--|-------------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee<br>AMERICAN EXPRESS |  |                           |                        | Purpose of Expenditure<br>CREDIT CARD PAYMENT |  | Category/Type                 |
| Mailing Address<br>PO BOX 1270  |  |                           |                        |   |  |                               |
| City<br>NEWARK  |  | State<br>NJ               | ZIP Code<br>07101-1270 |   | Date<br>MM / DD / YYYY<br>06 / 02 / 2011 |                               |
| Name of Federal Candidate Supported<br>JANE CORWIN                        | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> Presidential | State: NY<br>District: 26 |                        | Amount<br>3268.79                             |  | Transaction ID: SF25-0.020127 |
| Aggregate General Election Expenditure for this Candidate ▶               |  |                           |                        | 3268.79                                       |  |                               |

  

|   |  |                           |                   |                                 |  |                               |
|---|--|---------------------------|-------------------|---------------------------------|--|-------------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee<br>GOOGLE INC |  |                           |                   | Purpose of Expenditure<br>MEDIA |  | Category/Type                 |
| Mailing Address<br>1101 NEW YORK AVE NW<br>SECOND FLOOR             |  |                           |                   |                                 |  |                               |
| City<br>WASHINGTON  |  | State<br>DC               | ZIP Code<br>20005 |                                 | Date<br>MM / DD / YYYY<br>06 / 02 / 2011 |                               |
| Name of Federal Candidate Supported<br>JANE CORWIN                  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> Presidential | State: NY<br>District: 26 |                   | Amount<br>3244.85               |  | Transaction ID: SB25-0.023671 |
| Aggregate General Election Expenditure for this Candidate ▶         |  |                           |                   | 3268.79                         |  |                               |

  

|   |  |                           |                   |                                 |  |                               |
|---|--|---------------------------|-------------------|---------------------------------|--|-------------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee<br>FACEBOOK |  |                           |                   | Purpose of Expenditure<br>MEDIA |  | Category/Type                 |
| Mailing Address<br>1601 S CALIFORNIA AVE                          |  |                           |                   |                                 |  |                               |
| City<br>PALO ALTO   |  | State<br>CA               | ZIP Code<br>94304 |                                 | Date<br>MM / DD / YYYY<br>06 / 02 / 2011 |                               |
| Name of Federal Candidate Supported<br>JANE CORWIN                | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> Presidential | State: NY<br>District: 26 |                   | Amount<br>23.94                 |  | Transaction ID: SF25-0.023673 |
| Aggregate General Election Expenditure for this Candidate ▶       |  |                           |                   | 3268.79                         |  |                               |

  

|   |  |  |  |         |  |
|---|--|--|--|---------|--|
| SUBTOTAL of Expenditures This Page (optional) .....       |  |  |  | 3268.79 |  |
| TOTAL This Period (last page this line number only) ..... |  |  |  | 3268.79 |  |